Summary Sheet (Form RF-3)

| Ch | ange in Company's premium or rate level produced | I by rate revision effective | 1-1-2008 |
|------------|---|------------------------------|--------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. 9. | Fire DIVISION OF INSURANCE STATE OF ILLEGIS/IDEPR | | |
| 11. 12. | Inland Marine Homeowners JAN 0 1 2008 | | |
| 13. 14. | Commercial Package Policy SPRINGFIELD, ILLINOIS | | |
| | Other Workers Compensation Line of Insurance | 49,775,028 | +3.8 |
| Do | es filing only apply to certain territory (territories) or | certain classes? If so, spe | ecify: |
| | No | | |
| | ef description of filing. (If filing follows rates of an a are adopting the NCCI 2008 Advisory Rates from NCCI Bul | | ify organization): |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

ACUITY, A Mutual Insurance Company
Name of Company

Diane Udovich Regulatory Filing Technician Official - Title



NOV - 5 2007

DEPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate lev | el produced by rate revision effective | 3/1/2008 |
|------------|---|--|-------------------------------|
| | (4) | (2) | (3) |
| | (1) | Annual Premium | Percent |
| | 0 | | Change (+ or -)** |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -) |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| ۷. | Private Passenger | | |
| | Commercial | | |
| 3. | - · | | |
| | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6 . | Fidelity | | |
| 7. | Surety | <u> </u> | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | · · · · · · · · · · · · · · · · · · · | |
| | Inland Marine | | |
| | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | \$2,160,785 | 3.30% |
| | Line of Insurance | | |
| IL-20 | 007-05). In addition, we are filing to change our S | ates of an advisory organization, specify org chedule Rating Plan to allow +/-50% and to lower the pr | |
| \$5,0 | 00 to \$1,000. | | |
| | ljusted to reflect all prior rate changes. hange in Company's premium level wh | nich will result from application of new rates. | |
| | | Addison Insurance Company | |
| | | Na | ime of Company |
| | | Allen R. Sorensen, VP - Corpo | prate Underwriting |
| | | | Official - Title |
| | | | HOUBANC |
| | | | LINOISIA. |
| | | MAR | O 17' STATE OF ILLINOIS/IDFPR |
| | | SPRINGFI | MAR 0 1 2008 |
| | | 0,1,1 | f_{SPDIN} |
| | | • | SPRINGFIELD, ILLINO |

NOV 1 9 2007

Form (RF-3)

SUMMARY SHEET

| , in | Committee Annie Committee |
|---------|--|
| Julie's | בילין ליון ליווים |
| | The second secon |

| | | 21, 2003 |
|---|---|---|
| nange in Company's premium or rate le | evel produced by rate revision effective | January 1, 2008 |
| | | |
| (1) | (2) | (3) |
| () | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| I. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| B. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$1,477,733 | 1.6% |
| Line of Insurance | : | |
| | 0.15 | |
| Does filing only apply to certain territo No. | ry (territories) or certain classes? If so | , specify: |
| NO. | | |
| Brief description of filing. (If filing folio | ows rates of an advisory organization, s | specify organization): |
| Rate filing based on NCCI's approv | | |
| | DIVISION OF INSURANCE | |
| Adjusted to reflect all prior rate ch | ang DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR | |
| ** Change in Company's premium le | vel which w## g EL E2 E2 | |
| result from application of new rate | | |
| | JAN 0 1 2008 | A10 0 |
| | - | AIG Casualty Insurance Company |
| | | Name of Company |
| | SPRINGFIELD, ILLINOIS | Joseph Busse |
| | | Joseph Russo |
| | - | Assistant Manager of State Filings Official - Title |
| | | Official - Title |

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) | (3) |
|--|---|---|
| | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| utomobile Liability Private | : | |
| Passenger | | 0.00% |
| Commercial | | 0.00% |
| utomobile Physical Damage | | |
| Private Passenger | | 0.00% |
| Commercial | | 0.00% |
| iability Other Than Auto | | 0.00% |
| urglary and Theft | | 0.00% |
| lass | | 0.00% |
| idelity | | 0.00% |
| urety | - | 0.00% |
| oiler and Machinery | | 0.00% |
| ire | | 0.00% |
| xtended Coverage | | 0.00% |
| nland Marine | | 0.00% |
| | | |
| lomeowners | | 0.00% |
| | | 0.00% |
| Iomeowners Commercial Multi-Peril Crop Hail | 7,931,955 | 0.00% 0.00% 0.00% |
| ommercial Multi-Peril rop Hail ther Workers Compensation Life of Insurance | 7,931,955 | 0.00% 0.00% 1.60% |
| commercial Multi-Peril Crop Hail Other Workers Compensation Life of Insurance Coes filing only apply to collasses? If so, specify: Brief description of filing organization, specify organ | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The industrial Mangle to adopt the Eff | 0.00% 0.00% 1.60% ories) or certain itory. tes of an advisory nois workers companisation voluntary act/scory raises as Blad by |
| ommercial Multi-Peril rop Hail Other Workers Compensation | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The indent of this Bing is to adopt the Bin tinois Department of Insurance to be used effective February 1,2 | 0.00% 0.00% 1.60% Dries) or certain itory. tes of an advisory note workers compensation voluntary advisory rates as filed by 008. However, our final rates (see attached rate pages) |
| Commercial Multi-Peril Crop Hail Other Workers Compensation Life of Insurance Classes filing only apply to cellasses? If so, specify: Crief description of filing organization, specify organ | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The indust of this filing is to adopt the fil linois Department of Insurance to be used effective February 1, 2 to components — a low cost component and a loss cost modifier component, in rior rate changes. | 0.00% 0.00% 1.60% 1.60% Dries) or certain itory. tes of an advisory note workers companisation voluntary advisory rates as titled by 008. However, our final rates (see attached rate pages) this case a 1.57. Our policy lesuance system can only eccommodiffs |
| Commercial Multi-Peril Crop Hail Other Workers Compensation Life of Insurance Oces filing only apply to ce classes? If so, specify: Brief description of filing organization, specify organ NCCI on behalf of certifiers authorized in Illinois and approved by the IR was slightly modified due to our having to expense the Addition, Rades by deep the two *Adjusted to reflect all pr **Change in Company's premit new rates. | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The indust of this filing is to adopt the fil linois Department of Insurance to be used effective February 1,2 components - a low cost component and a loss cost modifier component, is rior rate changes. um level which will result | 0.00% 0.00% 1.60% 1.60% Dries) or certain itory. tes of an advisory nois workers compensation voluntary advisory raise as thed by 0.008. However, our final rates (see attached rate pages) this case a 1.87. Our policy issuance system can only eccommodiff |
| commercial Multi-Peril crop Hail Other Workers Compensation Life of Insurance Oces filing only apply to ce classes? If so, specify: Brief description of filing organization, specify organ NCCI on behalf of certifiers authorized in Illinois and approved by the IR **Adjusted to reflect all pr **Change in Company's premit | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The intent of this filing is to adopt the filin linois Department of Insurance to be used effective February 1,2 components — I low cost component and a loss cost modifier component, in: rior rate changes. um level which will result AmcOMP Assurance (| 0.00% 0.00% 1.60% 1.60% Dries) or certain itory. tes of an advisory nois workers compensation voluntary advisory raise as thed by 0.008. However, our final rates (see attached rate pages) this case a 1.87. Our policy issuance system can only eccommodiff |
| commercial Multi-Peril crop Hail Cher Workers Compensation Life of Insurance Coes filing only apply to ce classes? If so, specify: Crief description of filing organization, specify organ NCCI on behalf of centers suthorized in Illinois and approved by the IR was supply modered as to our harby to separate the Addisony Radon by does the two *Adjusted to reflect all pr **Change in Company's premit new rates. DIVISION OF INCULTINGS STATE OF ILLINGS STATE OF ILLINGS | 7,931,955 ertain territory (territo Does not only apply to certain classes or terri . (If filing follows rat ization): The intent of this filing is to adopt the filin linois Department of Insurance to be used effective February 1,2 components — I low cost component and a loss cost modifier component, in: rior rate changes. um level which will result AmcOMP Assurance (| 0.00% 0.00% 1.60% 1.60% Dries) or certain itory. Descriptions of an advisory note workers compensation voluntary achievy raise as Bed by 1008. However, our final raise (see attached rate pages) This case a 1.57. Our policy issuance system can only eccommod the case a 1.57. Our policy issuance system can only eccommod the compensation of Corporation |

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3) Percent |
|--|--|--|
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger | | 0.00% |
| Commercial | | 0.00% |
| Automobile Physical Damage | | |
| Private Passenger | | 0.00% |
| Commercial | | 0.00% |
| _iability Other Than Auto | | 0.00% |
| Burglary and Theft | | 0.00% |
| Glass | | 0.00% |
| Fidelity | | 0.00% |
| Surety | | 0.00% |
| Boiler and Machinery | | 0.00% |
| Fire | | 0.00% |
| Extended Coverage | | 0.00% |
| Inland Marine | | 0.00% |
| Homeowners | | 0.00% |
| Commercial Multi-Peril | | 0.00% |
| | | |
| | 5,286 | 0.00% |
| Crop Hail Other Workers Compensation Life of Insurance | 5,286 5,286 rtain territory (territo | 0.00% 1.60% ries) or certain |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. organization, specify organi | 5,286 rtain territory (territo loes not only apply to a certain territory or ce (If filing follows rat Zation): AMCOMP Preterred Insurance Company | 1.60% ries) or certain Intain classes. es of an advisory Intel Ming to be efficie 02.01.2008. AniCOMP in Ming a 1.68 |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. organization, specify organi | 5,286 rtain territory (territo loes not only apply to a certain territory or ce (If filing follows rat Zation): AmcOMP Preferred Insurance Company scheduled respite as is on the with the Department and will adopt effects | 1.60% ries) or certain rtain classes. es of an advisory rate filing to be effective 02.01.2006. AmcOMP in filing a 1.66 e February 1.2006 all other edvisory rates and rating values as |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. organization, specify organi | 5,286 rtain territory (territo loes not only apply to a certain territory or ce (If filing follows rat Zation): AmcOMP Preferred Insurance Company scheduled respite as is on the with the Department and will adopt effects | 1.60% ries) or certain rtain classes. es of an advisory rate filing to be effective 02.01.2006. AmcOMP in filing a 1.66 e February 1.2006 all other edvisory rates and rating values as |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. organization, specify organi | 5,286 rtain territory (territo loes not only apply to a certain territory or ce (If filing follows rat Zation): AMCOMP Preferred Insurance Company scheduled respirate as is on the with the Department and will adopt effective eartment effective January 1, 2008. A \$1,000 Minimultion rate changes. | 1.60% ries) or certain riain classes. es of an advisory rate filing to be effective 02.01.2008. AmcOMP is filing a 1.68 e February 1, 2006 all other edvisory rates and rating values as um Premium will be applicable to all classes. |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. Organization, specify organi LCM to apply to the 0.101.2006 NCCI loss couls. AmcCOMP will continue to use the were filed by NCCI on our behalf and approved by the Dep *Adjusted to reflect all pr **Change in Company's premiu new rates. | 5,286 rtain territory (territo loss not only apply to a certain territory or ce (If filing follows rat Zation): Ancomp Preferred Insurance Company acheduled reas plan as is on file with the Department and will adopt effective January 1, 2008. A \$1,000 Minimum or or rate changes. Im level which will result AmCOMP Preferred Insurance Company AmCOMP Preferred Insurance Company Insurance | 1.60% ries) or certain rialn classes. es of an advisory rate filing to be effective 02.01.2008. AnnOOMP in filing a 1.68 r February 1.2006 all other edvisory rates and rating values as rum Premium will be applicable to all classes. t from application of surrance Company |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. Organization, specify organi LCM to apply to the 01:01 2008 NCCI loss coets. AmcCOMP will continue to use the were filed by NCCI on our behalf and approved by the Dep *Adjusted to reflect all pr **Change in Company's premiu new rates. | 5,286 rtain territory (territo loes not only apply to a certain territory or ce (If filing follows rat Zation): AmcOMP Preferred Insurance Company scheduled rase plan as is on file with the Department and will adopt effective January 1, 2008. A\$1,000 Minimution rate changes. In level which will result | 1.60% ries) or certain rialn classes. es of an advisory rate fing to be effected 02.01.2008. AnnCOMP in fing a 1.68 er February 1.2008 all other edvisory rates and reting values as rum Premium will be applicable to all classes. t from application of surrance Company |
| Crop Hail Other Workers Compensation Life of Insurance Does filing only apply to ce classes? If so, specify: Brief description of filing. Organization, specify organi LCM to apply to the 01:01 2008 NCCI loss coats. AmCOMP will continue to use the were filed by NCCI on our behalf and approved by the Dep *Adjusted to reflect all pr **Change in Company's premiu new rates. | 5,286 rtain territory (territo loss not only apply to a certain territory or ce (If filing follows rat Zation): Ancomp Preferred Insurance Company acheduled reas plan as is on file with the Department and will adopt effective January 1, 2008. A \$1,000 Minimum or or rate changes. Im level which will result AmCOMP Preferred Insurance Company AmCOMP Preferred Insurance Company Insurance | 1.60% ries) or certain Intain classes. es of an advisory rate fing to be effected 02.01.2008. AmcOMP in fing a 1.68 or February 1.2008 all other edvisory rates and rating values as Intermitting will be applicable to all classes. t from application of surance Company Company FILED |

RECEIVED

Illinois

NOV - 1 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

| (1) | (2) | (3) |
|---|--|-------------------------------------|
| (1) Coverage | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | , | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | · |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | - OLICE | |
| 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners | JOEPH | |
| 10. Extended Coverage | 3/10. | |
| 11. Inland Marine DIVISITE OF THE PROPERTY OF | | |
| 12. Homeowners | 8000 | |
| 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail JAN 9 1 | 7000 | |
| 14. Crop Hail \ \ \JAN | -16 | |
| 15. Workers Compensation | \$147,512 | 1.6% |
| 16. Other OFIEL | D, ILLINOIS \$147,512 | |
| Line of Insurance SPRING! | | |
| | | |
| Ooes filing only apply to certain territory (territories | e) or cortain classes? If so, specify | |
| | 5/ 01 Certain Classes : 11 30, Specify | |
| - | | |
| rief description of filing (if filing follows rates of a | n advisory organization, specify organization | ation) |
| iling to Adopt NCCI's Approved Loss Co | st Change, Circular IL-2007-08 | |
| ming to Adopt Hoof of Approved 2000 oc | or original of the state of the | |
| | | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w | vill regult from application of new rates | |
| Change in Company's premium level which w | on result from application of flew rates. | |
| | Amoria | an Automobile Inc |
| | Americ | can Automobile Ins Name of Compa |
| | | rans or compa |
| | | |
| | | Official — Title |

RECEIVED

OCT 2 9 2007

Form (RF-3)

SUMMARY SHEET

| Form (| (RF-3) | SUMMARY S | SHEET | IDEAD (MAG) |
|------------|---|---------------------------------------|--|---|
| Change | in Company's premium or rate level pr | roduced by rate revision effective | 10/24/2008 | IDFPR (MPC) DIVIBION OF INSURANCE SPRINGFIELD |
| | (1) | (2) Annual Premium | (3) Percer | nt |
| | Coverage | Volume (Illinois)* | Change (+ | or -)** |
| 1. | Automobile Liability Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | TOE | <u>-</u> | |
| 4. | Burglary and Theffus 2110 - 125 | FER | | |
| 5. | Glass | | | |
| 6. | Fidelity JAN 0 1 | 2008 | | |
| 7. | Surety JAN 0 | 7000 | | |
| 8. | Boiler and Machinery | II INOIS | | |
| 9. | Boiler and Machinery Fire OPTINEFIELD. | E los mi | - | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. 14. | Commercial Multi-Peril Crop Hail | | | |
| 15. | Other WORKERS COMPENSATION | 49,473 | +4.0% OVERAL | L |
| | Line of Insurance | | | |
| Brief o | description of filing. (If filing follows aption of NCCI 1/1/2008 Advisory Loss | rates of an advisory organization, sp | ecify organization): | rial classes, - |
| 10.29 | % overall for F-classes and +4.0% over | all.) LCM 1.63 | | |
| | | | | |
| | | | | |
| ** C | djusted to reflect all prior rate changes. hange in Company's premium level whealt from application of new rates. | | | |
| | | Amer | ican Fuji Fire & Marine I Name of Company | ns. Co. |
| Filing | ID: AF-WC-IL-7-2703-LC | | Ioel Walcott - Vice Presid | lent |

Official - Title

| | Change in Company's premium or ra | te level produced by rate revision effecti | ve <u>01</u> | /01/2008 |
|--------|--|--|--------------|--|
| | (1) | (2) Annual Premium | | (3) Percent |
| | Coverage | Volume (Illinois)* | | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | - | |
| 9. | Fire | | | ·· |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | - | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | - | |
| 15. | Other Workers' | \$2,249,145 | +5.4 | 4% |
| | Compensation | \$2,2.7,.13 | | .,, |
| | Line of Insurance | | | · |
| Does f | iling only apply to certain territory (t | erritories) or certain classes? If so, speci | fu. | |
| | ming only apply to certain territory (t | erritories) of certain classes. If so, speci | | <u> </u> |
| | | | | |
| | | s rates of an advisory organization, speci | | |
| Ado | ption of NCCI advisory loss co | sts and rating values effective Jan | uary 1, | |
| | | | | DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR |
| | | | Ī | hard the first state of the firs |
| ** Ch | djusted to reflect all prior rate change in Company's premium level would from application of new rates. | | | JAN 0 1 2008 |
| | | An | nerican | Guarantee & ILLINOIS |
| | | | | isurance Company |
| | | | Nam | e of Company |
| | | | | |
| | | De | | ode, Secretary ficial - Title |
| H2921 | 9D | | Oi | ncial - Title |
| | (RF-3) | SUMMARY SH | EET | |

SUMMARY SHEET

| r., | * * * ** * * * * * * * * * * * * * * * |
|---------|--|
| *** | |
| ייי/דיר | i i čirili mili žatos |
| ** | |

| hange in Cor | npany's premium or rate leve | el produced by rate revision effective | January 1, 2008 |
|-----------------|---|--|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. Automol | bile Liability | | |
| Private Comm | Passenger | | |
| | bile Physical Damage | | |
| Private Comm | Passenger | | |
| | Other Than Auto | | |
| - | and Theft | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | _ | | |
| • | nd Machinery | | |
| 9. Fire | | | |
| 10. Extende | ed Coverage | | |
| 11. Inland N | Marine | | |
| 12. Homeov | wners | | |
| 13. Comme | rcial Multi-Peril | | |
| 14. Crop Ha | | | 4.000 |
| | Norkers' Compensation ne of Insurance | \$136,664,048 | 1.6% |
| No. | | (territories) or certain classes? If so, s | |
| Brief descri | ption of filing. (If filing follow based on NCCI's approved | s rates of an advisory organization, spe I advisory loss costs. | ecify organization): |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

American Home Assurance Company
Name of Company

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDEPR
STATE OF ILLINOIS/IDEPR
JAN © 1 2008

SPRINGFIELD, ILLINOIS

H29219D

RECEIVED

NOV - 1 2007

Illinois

IDFPR (MPC) Division of Insurance Springfield

ILLINOIS SUMMARY SHEET

| (1) | (2) | (3) |
|--|-----------------------------|-------------------|
| Coverage | Annual Premium | Percent |
| 4.4 | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | \ | |
| 9. Fire | \ | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 12. Homeowners 13. Commercial Multi-Petil 14. Crop Hail 15. Workers Compensation 16. Other | | |
| 14. Crop Hail | | |
| 15. Workers Compensation IAN | ງເວີ \$3 ,256,873 | 1.6% |
| 16. Other | | |
| 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance SPF://WGF/ELD. ILLING Line of Insurance Line of Insurance Line of Insurance Line of Insurance SPF://WGF/ELD. ILLING | • | |
| A SEINGY. | | |
| \ SP(| | |
| pes filing only apply to certain territory (territories) or certain cl | asses? If so, specify | |
| NO | | |
| | | |
| ief description of filing (if filing follows rates of an advisory org | anization, specify organiza | ation) |
| ling to Adopt NCCI's Approved Loss Cost Change, | Circular IL-2007-08 | |
| | | |
| | | |
| Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from an | polication of now rates | |
| Change in Company's premium level which will result from ap | optication of new rates. | |
| | | |
| | <u>T</u> he An | nerican Insurance |
| | | Name of Compa |
| | | · |
| | | |
| | | Official — Title |

NOV 1 9 2007

Form (RF-3)

SUMMARY SHEET

| שונה במוניות מונים מינים אינים במינים הסתוניות מונים מינים |
|---|
| 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

| ange in Company's premium or rate I | evel produced by rate revision effective | January 1, 2008 |
|--|--|---|
| ango iii oompany o promisii o | | |
| (1) | (2) | (3) |
| (1) | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| <u>Coverage</u> | Volume (minosoy | |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | · · · · · · · · · · · · · · · · · · · |
| 3. Liability Other Than Auto | <u> </u> | - |
| 4. Burglary and Theft | | |
| - · | | <u> </u> |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$7,377,276 | 1.6 |
| Line of Insurance | | |
| No | ory (territories) or certain classes? If so, ows rates of an advisory organization, s ved advisory loss costs. | |
| Adjusted to reflect all prior rate of Change in Company's premium I result from application of new rat | evel which will | American International South Insurance Company |
| | | Name of Company |
| | JAN 0 1 2008 | 1 |
| | , , , , , , , , , , , , , , , , , , , | Joseph Russo |
| | ULINOIS | Assistant Manager of State Filings |
| | SPRINGFIELD, ILLINOIS | Official - Title |
| U00040D | | 22.2. |
| H29219D | Land Control of the C | |

ILLINOIS SUMMARY SHEET

FORM RF-3

RECEIVED

OCT 23 2007

IDFPR (MPC)
OVISION OF INSURANCE
SPRINGFIELD

| Chan | ge in Company's premium or rate level produced by rate | e revision effective | 01/01 2006 SPRINGFIELD |
|---------|--|---|--|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or-)** |
| | Coverage | (, | |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass Of Of Military | | |
| 6. | Burglary and Theft Glass Fidelity DIVISION OF ILLINOIS PH STATE OF ILLINOIS PH | | |
| 7. | Surety Boiler and Machinery JAN 0 1 2008 | | |
| 8. | Boiler and Machinery IAN | \ | |
| 9. | Fire | ــــــــــــــــــــــــــــــــــــــ | |
| 10. | Extended Coverage | | **** |
| 11. | Inland Marine \ SP: | | |
| 12. | Homeowners | | **** |
| 13. | Commercial Multi-Peril | | A STATE OF THE STA |
| 14. | Crop Hail | \$ 15,074,047 | -1.55% |
| 15. | Workers Compensation | <u> </u> | |
| 16. | Other | | |
| | Line of Insurance | | |
| Does | filing only apply to certain territory (territories) or certai | n classes? If so, specit | fy N/A |
| Brief o | description of filing (if filing follows rates of an advisory | organization, specify | organization) Adoption of 1/1/2008 |

NCCI Advisory Loss Costs to be effective for all new and renewal policies on and after January 1, 2008. We will

* Adjusted to reflect all prior rate changes.

retain our current loss cost multiplier of 1.55 as well as all other aspects of our previous filings.

American Interstate Insurance Company

Name of Company

Kathy Wells, State Filing Coordinator

Official --- Title

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premiun | n or rate level produced by rate revision effective _ | +5.23% or \$9,222 |
|--|--|---|
| (1) Covera <u>ge</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or - <u>)**</u> |
| Coverage | volume (mmois) | <u> </u> |
| Automobile Liability Private Passenger Commercia | | |
| Automobile Physical Dama Private Passenger Cor | ige | |
| 3. Liability Other Than Auto | IIIIICICIAI | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | tion 176307 | +5.23% |
| Line of Insurance | | |
| San Spanner Committee and the | towites, (towitesiae) as contain alapsac? If an ano | oify: This filing will apply to all classes |
| Does filing only apply to certain | n territory (territories) or certain classes? If so, spe | city. This ming will apply to all classes. |
| | | |
| Brief description of filing (If filing | ng follows rates of an advisory organization, specif | fv organization). |
| Me will be using NCCI loss cos | sts issued in cirulars IL-2007-05, IL-2007-06 and II | -2007-07 and approved in |
| circular IL-2007-08. | 33 1330C0 111 GIRGINIO 12 2007 30, 12 2007 30 41.0 15 | |
| Circular IL-2007 CO. | | |
| *Adjusted to reflect all prior rate | e changes. | |
| **Change in Company's premiu | um lovel which will recult from application of new r | ates. |
| Γ | DIVISION OF INSTITUTE OF PR | |
| 1 | DIVISION OF NEUROPA American Nation | onal Property and Casualty Company |
| 1 | | Name of Company |
| 1 | 2000 | |
| | JAN J 1 2008 Cheryl | Kowalski-Compliance Analyst |
| ' | \ | Official – Title |
| | SPRINGFIELD, ILLINOIS | |
| | SPRINGFIELD, ILLI | |
| | | |

SUMMARY SHEET

| | (1) | (2) | (3) |
|----------|---|---|--|
| | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | ** | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other Workers' | \$10,205,047 | +1.8% |
| | Compensation | | |
| | Line of Insurance | | |
| _ | | | |
| | description of filing. (If filing follows ption of NCCI advisory loss co | sts and rating values effective Ja | nuary 1, 2008 DIVISION OF INSURANCE |
| | | | nuary 1, 2008 |
| do A | djusted to reflect all prior rate change hange in Company's premium level w | sts and rating values effective Ja | nuary 1, 2008 DIVISION OF INSURANCE |
| A CI | ption of NCCI advisory loss co | sts and rating values effective Ja s. hich will | JAN 3 1 2008 SPRINGFIELD, ILLINOIS merican Zurich Insurance |
| A CI | djusted to reflect all prior rate change hange in Company's premium level w | sts and rating values effective Ja s. hich will | JAN 0 I 2008 SPRINGFIELD, ILLINOIS merican Zurich Insurance spans |
| A CI | djusted to reflect all prior rate change hange in Company's premium level w | sts and rating values effective Ja s. hich will | JAN 3 1 2008 SPRINGFIELD, ILLINOIS merican Zurich Insurance |
| do A | djusted to reflect all prior rate change hange in Company's premium level w | sts and rating values effective Ja s. hich will A | JAN 3 I 2008 SPRINGFIELD, ILLINOIS merican Zurich Insurance ompany Name of Company |
| AG CI | djusted to reflect all prior rate change hange in Company's premium level w | sts and rating values effective Ja s. hich will A | JAN 0 1 2008 SPRINGFIELD, ILLINOIS merican Zurich Insurance SPRINGPIELD, ILLINOIS merican Zurich Insurance |

H29219D Form (RF-3)

Mitch Matthews, State Filings Representative II
Official — Title

ILLINOIS SUMMARY SHEET

| (1) | (2) | (3) |
|---|--|---|
| Coverage | Annual Premium | Percent |
| 4 4 | Volume (Illinois)* | Change (+ or –)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| | * | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft 5. Glass | | - District of the second |
| | | - SIN ON IN PROVIDENCE |
| 6. Fidelity | | ADENIA |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | JAN: C = 2008 |
| 10. Extended Coverage | | - 2008 |
| 11. Inland Marine | | films |
| 12. Homeowners | | CPANAG, TELD, ILLINOIS |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$916,899 | 4.0% |
| 16. Other | Ψο το,οσο | 4.070 |
| Line of Insurance | | |
| Ente of tributance | | |
| Does filing only apply to certain territory (territorie | es) or certain classes? If so, specifyf | N/A |
| Brief description of filing (if filing follows rates of a | an advisory organization, specify organiza | ation) AmGUARD adopts the Advisory |
| | sation Insurance Inc. Effective January 1, 200 | 08 per II -2007-08 with -5% deviation for |
| Rates as released by the National Council on Compen- | oddon modianec, me., Encouve dandary 1, 200 | 70 per 12 2007 00 min -0 70 deviation for |
| Rates as released by the National Council on Compen- | | |
| | | |
| Rates as released by the National Council on Compen- policies effective on and after January 1, 2008. | | |
| | will result from application of new rates. | |
| policies effective on and after January 1, 2008. * Adjusted to reflect all prior rate changes. | | AmGUARD Insurance Company |

SUMMARY SHEET SPRINGFIELD, ILLINOIS Change in Company's premium or rate level produced by rate revision effective January

Form (RF-3)

(3) (2)(1) Percent **Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability 1. Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto 3. 4. Burglary and Theft 5. Glass 6. **Fidelity** 7. Surety 8. Boiler and Machinery

Compensation Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

9.

10.

11. 12.

13. 14.

15.

Fire

Extended Coverage Inland Marine

Commercial Multi-Peril

Workers

Homeowners

Crop Hail

Other

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

\$9,266,851

Arch Insurance Company, a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the captioned January 1, 2008 Advisory Rates, Loss Costs and Rating Values as contained in NCCI Circular Number IL-2007-08. All other rules and rating plans filed by Arch will remain unchanged. The loss costs adopted will be used with our currently approved Loss Cost Multiplier

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

| Arch Insurance Company | |
|------------------------|----|
| Name of Compan | 11 |

+1.6%

Kathleen M. Ruocco, Compliance Analyst

Official - Title

RECEIVED

NOV - 1 2007

Illinois

IDFPR (MPC)

ILLINOIS SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revi | sion effective <u>Januar</u> | y 1, 2008 |
|--|--------------------------------------|------------------------------|
| (1) | (2) | (3) |
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | <u></u> | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | <u> </u> |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 0.000 0. 510000 | | |
| 13. Commercial Multi-Peril DIVISITE OF ILLINOIS | | |
| 14. Crop Hail | \$425,938 | 1,6% |
| 15. Workers Compensation | - \$420,300 | 1.070 |
| 15. Workers Compensation 16. Other Line of Insurance JAN 6 1 2008 | | |
| Line of insurance | a | |
| Does filing only apply to certain territory (territories) or certain class | لسد | |
| Does filing only apply to certain territory (fertilines) or certain class | sses? If so, specify | |
| NO NO | | |
| Brief description of filing (if filing follows rates of an advisory organ | nization, specify organiza | ation) |
| Bitel description of fining (if fining follows rates of all advisory organ | interiori, opoony organiza | |
| Filing to Adopt NCCI's Approved Loss Cost Change, C | ircular IL-2007-08 | |
| | | |
| * Adjusted to well as a subsequence | | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from app | ication of new rates | |
| Change in Company's premium level which will result from app | location of now reacos. | |
| | | |
| | Assoc | ated Indemnity Corporation |
| | | Name of Company |
| | | • • |
| | | Official Tills |
| | | Official — Title |

SUMMARY SHEET

| | Change in Company's premium or rate | e level produced by rate revision effe | 01/01/2007 |
|---------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| l. | Automobile Liability Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | · · · · · · · · · · · · · · · · · · · |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' | \$2,135,870 | +1.8% |
| | Compensation | | |
| | Line of Insurance | | |
| _ | | | |
| Does 1 | iling only apply to certain territory (te | rritories) or certain classes? If so, sp | ecity: |
| | | | |
| | | | |
| Brief o | lescription of filing. (If filing follows | rates of an advisory organization, sp | ecify organization): |
| Ado | ption of NCCI advisory loss cos | sts and rating values effective. | January 1, 2008 |
| | | | DIVIDION OF |
| | | | DIVISION OF LAND AND AND AND AND AND AND AND AND AND |
| | | | |
| | ljusted to reflect all prior rate changes | | AN 0 5 2008 |
| | nange in Company's premium level wh | ich will | JAN 0 1 2008 |
| res | sult from application of new rates. | 1 | ! |
| | | • | OPRINGFIELD, ILLINOIS |
| | | | |
| | | _ | Assurance Company of America |
| | | | Name of Company |
| | | | |
| | | | Denise Goode, Secretary |
| | | _ | Official - Title |
| | A.D. | | I ILIV |

| | | | | | nois |
|--|---|------------------|--------------------------|----------|------------------------------|
| Char | ILLINOIS SUMMAR FORM RF-3 rige in Company's premium or rate level produced by rate revision | | NOV = 5 21 | 50 | В |
| | (1) | | (2) | • | (3) |
| | Coverage | Annua | Premium e (Illinois)* | | Percent Change (+ or -)** |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage (STATE OF LLL) Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other Line of Insurance | 19 | 08,853 | | 0.00% |
| Does | filing only apply to certain territory (territories) or certain classe | es? If so, spec | ify <u>No</u> | D. | |
| Wor | description of filing (if filing follows rates of an advisory organizations Compensation loss costs and rating values permultiplier from 1.546 to 1.509. Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a | application of r | ew rates. | | |
| | | | Margaret M. Sa | lsbury | Senior Regu |
| | | | | Official | |

SUMMARY SHEET Form (RF-3) Change in Company's premium or rate level produced by rate revision effective 1/1/08 CPHNC FED, ILLINOS revision effective 1/1/08 (3) (2) (1) Percent Annual Premium Change (+ or -) ** Volume (Illinois) * Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$620,637 +1.6 Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Adoption of the NCCI Loss Costs IL-2007-08 organization, specify organization): Maintaining Current multipliers

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

| Atlanti | c Specialty | Insurance | Company |
|-----------|-------------|-----------|---------|
| | Name of | Company | |
| Sharon Sa | none | | |

Sharon Sansone, Assistant Vice President Workers Compensation

| Official -Title | | |
|-----------------|-------------|--|
| | | |

H29219D

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| _ | | el produced by rate revision effective 2/1/200 | |
|---------|---|--|--------------------------|
| , | (1) | (2) | (3) |
| | _ | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| . At | utomobile Liability Private | | |
| | Passenger Commercial | | |
| . At | utomobile Physical Damage | | |
| | Private Passenger Commercial | | |
| i. Lia | ability Other Than Auto | | |
| . Bu | urglary and Theft | | |
| i. G | lass | | |
| | delity | | |
| | urety | | |
| | oiler and Machinery | | |
|). Fi | • | | |
| | ktended Coverage | | |
| | land Marine | | |
| | omeowners | | |
| | ommercial Multi-Peril | | |
| | rop Hail | | |
| 5. O | ther workers compensation | 1,948,828 | 3.0% |
| | Line of Insurance | | |
| | | V | |
| oes f | iling only apply to certain territory (te | rritories) or certain classes? If so, specify: | NO |
| | | | |
| | | tes of an advisory organization, specify organ | nization): |
| doption | of latest NCCI loss cost and revision of loss | cost multplier | |
| | | | · |
| | | | |
| Adjus | ted to reflect all prior rate changes. | | |
| *Char | nge in Company's premium level whi | ch will result from application of new rates. | |
| | | Brotherhood Mutual Insurance | Company |
| | | Nam | ne of Company |
| | | Don Glick, AVP Research & De | evelopment |
| | | | fficial – Title |



ILLINOIS SUMMARY SHEET

| Change in Company's premium or rate level produced by rate re- | vision effective <u>Janu</u> | |
|--|---|--|
| (1) | (2) | (3) |
| Coverage | Annual Premium | Percent |
| | Volume (Illinois)* | Change (+ or –)** |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | <u> </u> | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | - | |
| F. Class | | |
| | | |
| 6. Fidelity STATE OF ILL MOIS IDFPR 7. Surety FF ILL TO AD | | |
| 8. Boiler and Machinery | | |
| | | |
| 9. Fire JAN 0 1 2008 | | - |
| | | |
| 11. Inland Marine | | |
| 12. Homeowners SPRINGFIELD, ILLINOIS | | - |
| 11. Inland Marine 12. Homeowners SPRINGFIELD, ILLINOIS 13. Commercial Mult-Peril 14. Crop Hail | | |
| · · · • · - • · · · · · · · · · · · · · | #000 000 | 40/ |
| 15. Workers Compensation | \$909,000 | 4% |
| 16. Other | | |
| Line of Insurance | | |
| | | |
| | Olfon anosifi | |
| Does filing only apply to certain territory (territories) or certain cla | sses? If so, specify | |
| Applicable to all territories and classifications | | |
| Brief description of filing (if filing follows rates of an advisory orga | nization, specify orgar | nization) This filing is to adopt the NCCI |
| Loss cost as approved effective 1.1.2008. Reference filing NCCI | filing approval circular | IL-2007-08. The loss cost multiplier for |
| Carolina Casualty Insurance Company of 1.41 remains unchange | ed from the previously | approved filing. |
| | | |
| | | |
| | | |
| | | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from any | liantion of any mater | |
| ** Change in Company's premium level which will result from app | ilication of new rates. | |
| | | |
| | C | Carolina Casualty Insurance Company |
| | | Name of Company |
| | | ramo or company |
| | | Jim Gilbert - Senior Vice President |
| | • | Official — Title |
| | | |

ILLINOIS SUMMARY SHEET

XOV + 5 2007

FORM RF-3

במינו איני ביינו איני

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|--|---|--|
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery STATE OF ILLIADICATION | | |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Reril 14. Crop Hail 15. Workers Compensation 16. Other | 6,938,465 | -1.30% |
| Line of Insurance Does filling only apply to certain territory (territories) or certain classes | ? If so, specify | No. |
| Brief description of filing (if filing follows rates of an advisory organizat Workers Compensation loss costs and rating values per cost multiplier from 1.701 to 1.661. The filing maintains to | NCCI Circular IL-2007 | Adoption of NCCI approved 7-08. The filing also reduces the loss eviation of +10.0%. |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from ap | oplication of new rates. | |
| <u>.</u> | Charter Oak Fire Insur Na | ance Company me of Company |
| | Margaret M. Salsbury | Senior Regulatory Analy |

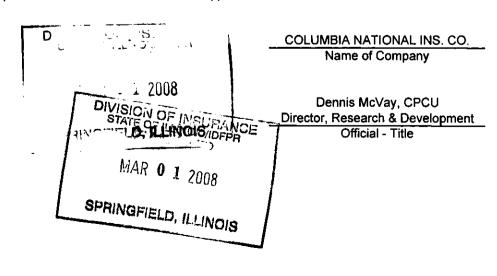
ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate leve | el produced by rate revision effective | 01/01/2008 |
|----------|--|--|---------------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. 5 | Burglary and Theft Glass | | |
| 5. 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | <u> </u> | |
| | Crop Hail | 0.005.050 | |
| 15. | Other Workers' Compensation Line of Insurance | 2,065,953 | 2.4% |
| Do | es filing only apply to certain territory (te | rritories) or certain classes? If so, specify: | |
| | lies to all territories and classes. | intones) of certain classes: If so, specify. | |
| App | nes to all territories and diasoco. | | · · · · · · · · · · · · · · · · · · · |
| Brie | ef description of filing, (If filing follows ra | tes of an advisory organization, specify orgar | nization): |
| Ado | ption of the 1/1/08 loss costs published by NCCI (| NCCI Circular # IL - 2007 - 05) | |
| | | <u> </u> | |
| | W + 1 + 2 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 | | |
| "Ac | ljusted to reflect all prior rate changes. | ch will result from application of new rates. | |
| | nange in Company's premium level whi | on will result from application of new rates. | |
| | | Chubb Indemnity Insurance Co | ompany |
| | | | me of Company |
| | | | 1 1 1 1 |
| | | Assistant Vice President | Auf Jah |
| | | 1 | Official-Fitle |
| | | | \smile . |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | DIVISION OF | |
| | | STATE OF U. | |
| | | | |
| | | | |
| | | IAN C | י אַ װאָ |
| | | JAIN | • |
| | | | |
| | | SPRINGFIS | and the second second |

| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|----------------------|--|--|---|
| 1. | Automobile Liability Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | - |
| 10. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' | \$72,890 | +0.5% |
| | Compensation Line of Insurance | | |
| | | rates of an advisory organization, specify sts and rating values effective Janua | |
| * Ac ** Ch re: | djusted to reflect all prior rate changes nange in Company's premium level w sult from application of new rates. | JAN 0 1 2008 Cplo | nial American Casualty rety Company Name of Company |
| | | Deni | se Goode, Secretary |
| H2921 | 9D | | Official - Title |
| Form | (RF-3) | SUMMARY SHE | ET |
| (| Change in Company's premium or rate | e level produced by rate revision effective | 01/01/2008 |
| | (1) | (2) | (3) |

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|------------|--|---|-------------------------------------|
| | | - Volume (minolo) | <u> </u> |
| ١, | Automobile Liability | | |
| | Private Passenger | | <u> </u> |
| | Commercial | | |
| | Automobile Physical Damage | | - |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| i. | Glass | | |
| i. | Fidelity | | |
| . | Surety | | |
| 3 . | Boiler and Machinery | | |
|), | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 5. | Other Workers Compensation | \$812,963 | 4.0% |
| | Line of Insurance | | |
|)ne | s filing only apply to certain territory (terr | itories) or certain classes? If so, spec | ifv No |
| | o ming only apply to contain termory (ter- | | |
| _ | | | |
| | | | |
| Brie | f description of filing. (If filing follows rate | | |
| | | oval circular IL-2007-08 from 1/1/08 to | - 0/4/00 |

- * Adjust to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



MOV 1 9 2007

Form (RF-3)

SUMMARY SHEET

| * | | 4471 | | |
|-------|------|------|-------|-----|
| Duni. | - 10 | 1.75 | บเราก | ICH |
| | - | • | • • | |

| ange in Company's premium or rate l | evel produced by rate revision effective | e January 1, 2008 |
|---|--|------------------------------------|
| (1) | (2) | (3) |
| (1) | Annual Premium | Percent |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| <u> </u> | | |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| | | |
| | | |
| | | |
| 6. Fidelity | | |
| 7. Surety | | |
| B. Boiler and Machinery | | |
| 9. Fire | | |
| Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$103,107,505 | 1.6 |
| Line of Insurance | | |
| No. | ory (territories) or certain classes? If so ows rates of an advisory organization, red advisory loss costs. | |
| * Adjusted to reflect all prior rate change in Company's premium le result from application of new rate | nanges. evel which will the URANCE | |
| result from application of new rate | STATE OF ILLINOIS IN | Commerce & Industry |
| l | | Insurance Company |
| 1 | . 0 1 2008 - | Name of Company |
| 1 | JAN 0 1 2008 | Hame of Company |
| 1 | j | Joseph Russo |
| i i | SPRINGFIELD, ILLINOIS | • |
| I | SPRINGFIELD, ILL | Assistant Manager of State Filings |
| 1 | the state of the s | Official - Title |
| H29219D | | |

ILLINOIS SUMMARY SHEET

| Change in Company's premium or rate level produ | ced by rate revision effer | ctive <u>Janua</u> | ry 1, 2008 |
|---|-----------------------------|------------------------------------|--|
| (1) Coverage | | (2) Il Premium e (Illinois)* | (3) Percent Change (+ or −)** |
| 1. Automobile Liability | Volum | e (IIIIIIOIS) | Change (+ or -) |
| Private Passenger | | | |
| Commercial | | - | |
| 2. Automobile Physical Damage | | | |
| Private Passenger | | | |
| Commercial | | | |
| 3. Liability Other than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | <u> </u> |
| 7. Surety | | | |
| 8. Boiler and Machinery | | <u> </u> | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | <u> </u> | | |
| 14. Crop Hail | | | 4.00/ |
| 15. Workers Compensation | \$ | 2,600,000 | 4.0% |
| 16. Other | | | |
| Line of Insurance | | | |
| Does filing only apply to certain territory (territories |) or certain classes? If so | o, specify <u>No</u> |) |
| Brief description of filing (if filing follows rates of an | advisory organization, s | specify organiza | ation) Adopting NCCI |
| • • • | | | |
| Voluntary rates and rating values effective Ja | nuary 1, 2008 without | <u>aeviation. Ac</u> | iopting NUCI January 1 |
| Experience Rating Plan values, expected loss | s rates and d-ratios, ar | nd NCCI retro | psective rating plan val |
| Adjusted to reflect all prior rate changes. Change in Company's premium level which will DIVISIC DIVISIC | | new rates. | |
| STATE | OFICE OF I | Contine | ntal Indemnity Company Name of Company |
| 1 | M A T of | | • • |
| 1 | IN 0 1 2008 | | ucarich, Actuary icial — Title |
| COMM | | 1 | iciai — Till y |
| - Shand | FIELD, ILLINOIS | l | |
| | -2,1018 | Ī | |
| | | | |

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) | (2) | (3) |
|---|---|-----------------------------|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)* |
| . Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| . Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other than Auto | | |
| . Burglary and Theft | | |
| . Glass | | |
| i. Fidelity | | |
| '. Surety | | |
| l. Boiler and Machinery | - - | |
|). Fire | | |
| I. Extended Coverage | | |
| . Inland Marine | | |
| . Homeowners | · | |
| . Commercial Multi-Peril | | |
| . Crop Hail | \$500,000 | בים ביום |
| . Workers Compensation | \$300,000 | +3.62% |
| Other | | |
| Line of Insurance | | |
| es filing only apply to certain territory (territories) | or certain classes? If so, specify | o |
| | | |
| ef description of filing (if filing follows rates of an | advisory organization, specify organiza | ation) Adopt NC |
| Voluntary Market Rates and | | |
| Reference Circular IL-2007- | -08 | |

Change in Company's premium level which will result from application of new rates.

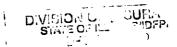
DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2008

SPRINGFIELD, ILLINOIS

Dakota Truck Underwriters

Holly Rubord Title
State Filings Coordinator



SUMMARY SHEET

JAN 0 1 1 108

| Change in Company's premium revision effective $\frac{1}{1}$ | m or rate level produce | ed by rate CANDINGFIELD, ILLLEDIS |
|---|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail | | |
| 15. Other Workers Compensation | \$631,595 | +1.6% |
| Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization | filing follows rates o | f an advisory CCI Loss Costs IL-2007-08 |
| | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Employers Fire Insurance Company
Name of Company

Sharn Sansone

Sharon Sansone, Assistant Vice President Workers Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

o

| (1) | (2) | (3) |
|---|---|--|
| • • | Annual Premium | Percent |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| | | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 14,593,551 | 4.0% |
| Line of Insurance | | |
| Barrio (B) | | _:f |
| Does filing only apply to certain territory (ter | Thories) or certain classes? If so, spec | Спу. |
| | | |
| Brief description of filing. (If filing follows rat | es of an advisory organization, specif | v organization). |
| 1/1/2008 advisory rates with +60% compan | | y organization, |
| 17 17 2000 daysory rates with 100 18 compan | 7 00110011. | |
| | | |
| *Adjusted to reflect all prior rate changes. | | |
| **Change in Company's premium level which | ch will result from application of new ra | ates. |
| | , , | |
| | Employers | Insurance Company of Wausau |
| | | Name of Company |
| | | |
| | Bonnie Roeder | State Filings Analyst |
| | • | Official – Title |
| | | |
| | | |
| | DIVISIO | OF INDESTRUCTION |
| | STATE | N OF THE RESERVE OF THE PERSON |
| | 1 "= | ALIT . THE SECTION - |



| | | | Illinois |
|------------|---|---|---------------------------------|
| | | | |
| | ILLINOIS S | SUMMARY SHEET NOV - 5 200 | 7 |
| | FOR | DIVIDICAL CONTROL OF THE | , NOE |
| ıan | ge in Company's premium or rate level produced b | by rate revision effective Ja | nuary 1, 2008 |
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| | Automobile Liability Private Passenger Commercial | | |
| . . | Automobile Physical Damage Private Passenger Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
|). | Extended Coverage | | |
| ١. | Inland Marine | <u></u> | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | · · · · · · · · · · · · · · · · · · · | |
| 5. | Workers Compensation | 556,175 | -1.70% |
| 6. | Other | | |
| | Line of Insurance | | |
| | | | |
| oes | filing only apply to certain territory (territories) or c | ertain classes? If so, specify No. |). |
| rief (| description of filing (if filing follows rates of an advi | sory organization, specify organization) AC | doption of NCCI approved |
| Vorl | ers Compensation loss costs and rating | values per NCCI Circular IL-2007-08. | The filing also reduces the los |
| | - Waller from 0.027 to 0.005. The filing | maintains the current approved deviation | on of -40 0% |

Adjusted to reflect all prior rate changes

Changes in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE
STATE OF ILLE SIGNER Farmington Casualty Company Name of Company JAN 0 1 2008 Margaret W. Salsbury Senior Regulatory Analy Official - Title SPRINGFIELD, ILLINOIS

WC-IL-7

Printing 08/95

RECEIVED

NOV - 5 2007

| | 50 ILLINOIS | ADMINISTRATIVE CODE | CHAPTER I, 1764 SUBCHAPTER I |
|------------|--|--|---------------------------------|
| | | | SUBCRAFIER I |
| Sect | ion 754.EXHIBIT A Summary Sheet | (Form RF-3) | Divis |
| | - | ORM (RF-3) | DIVISION OF INSURANCE |
| | rc | ma (mr-s) | STATE OF ILLINOIS/IDFPR |
| | Sur | MARY SHEET | LE D |
| | | | y rate revision JAN 0 1 2008 |
| | Change in Company's premium or effective0/-0/-08 | rate level produced b | y rate revision 2008 |
| | | ' | Spanne |
| | (1) | (2) | SPRINGFIELD, ILLINOIS |
| | Coverage | Annual Premium <u>Volume (Illinois)</u> * | Change (+ or -)** |
| , | | | energe (1 of -1 |
| 1. | Automobile Liability Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. 7. | Fidelity Surety | | |
| 8. | Boiler and Machinery | | |
| | Fire | | |
| 0. | Extended Coverage | | |
| 11. 12. | Inland Marine Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other WC | 3.608.479 | +9.1% |
| | Life of Insurance | | |
| | Does filing only apply to cert | sin tomitamu (tammitamu | |
| | classes? If so, specify: | NO | ries; or certain |
| | | | |
| | Brief description of filing | [15 6:11 - 5-11 | |
| | Brief description of filing. organization, specify organiza | tion! / Dec 106 | of an advisory |
| | | | - A PULLIVIO |
| | | | |
| | *Adjusted to reflect all prio | n vata change | |
| | **Change in Company's premium | rate changes. Tevel which will exemit | from application of |
| | now estac | icici miren mili result | c cross application of |

new rates.

FEDERATED RUKAL PLECTRU INS. EXCHANGE

Annette Alexander MARI 7 1983

Official--Title

SOB. ISL. CODE UNITE

ACTUARIAL ANALYST

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| produced by rate revision effective | 01/01/2008 |
|---|---|
| (2) Annual Premium | (3) Percent Change (+ or -)** |
| volume (Illinois) | Change (+ of -) |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 35,266,561 | 1.5% |
| | |
| ritories) or certain classes? If so, specify: | |
| es of an advisory organization, specify organication (specify organication) | nization): |
| | |
| | (2) Annual Premium Volume (Illinois)* 35,266,561 itories) or certain classes? If so, specify: |

SPRINGFIELD, ILLINOIS

| (| Change in | Company's premium or ra | te level produced by rate revision effect | tive 01/01/2008 | |
|-------|-----------|---|--|----------------------------------|---------------|
| | | (1) | (2) Annual Premium | (3) Percent | |
| | | Coverage | Volume (Illinois)* | Change (+ or | <u>r -)**</u> |
| 1. | Automo | bile Liability | | | |
| ١. | | e Passenger | | | |
| | Comm | - | | | |
| 2. | | obile Physical Damage | | | |
| | | e Passenger | | | |
| | Comm | iercial | | | |
| 3. | Liabilit | y Other Than Auto | | | - |
| 4. | Burglar | y and Theft | | | _ |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | | |
| 8. | Boiler a | and Machinery | | | |
| 9. | Fire | | | | |
| 10. | Extende | ed Coverage | | | _ |
| 11. | Inland I | Marine | | | |
| 12. | Homeo | wners | | | |
| 13. | Comme | rcial Multi-Peril | | | |
| 14. | Crop H | ail | | | |
| 15. | Other | Workers' | \$1,027,454 | -0.1% | |
| | | Compensation | | | |
| | | Line of Insurance | | | |
| Ado | ption of | | s rates of an advisory organization, spec osts and rating values effective Ja | | |
| * Ch | ange in C | ompany's premium level was pplication of new rates. | | | |
| | | | NICE | dality & Danasit Com | |
| | | P. Du | | delity & Deposit Con Maryland | ipany |
| | | Dist | | | |
| | | 1 | , , | Name of Company | |
| | | JAN | | | |
| | | | | enise Goode, Secretar | v |
| | | 1 | D 时间D,h | Official - Title | |
| [292] | 9D | SPRING | 7711 | | |
| | | | - | | |
| orm (| (RF-3) | | SUMMARY S | HEET | |
| | | | | | |
| | | | | | |

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

RECEIVED

Illinois

NOV - 1 2007

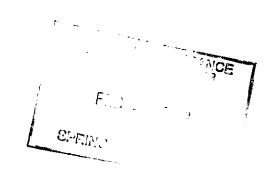
IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGER D

ILLINOIS SUMMARY SHEET

| | | 401 |
|---|---|----------------------------|
| (1) | (2) | (3) ercent |
| Coverage | | e (+ or –)** |
| 1. Automobile Liability | Volume (minois) Chang | 6 (* Oi –) |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | - SICE | |
| 7. Surety | OF INSURANDE | |
| 8. Boiler and Machinery | OF INSURANCE | |
| 9. Fire | | |
| 10. Extended Coverage | 2008 | |
| 11. Inland Marine | "N 0 1 5008 ================================== | |
| 12. Homeowners | /// | |
| 13. Commercial Multi-Peril | VGFIELD, ILLINOIS \$608,427 | |
| 14. Crop Hail | IGEIELD, ILLIE | |
| 15. Workers Compensation SPRIN | \$608,427 | 1.6% |
| 16. Other | | |
| Line of Insurance | | |
| Elife of modianoe | | |
| | | |
| oes filing only apply to certain territory (territorie | s) or certain classes? If so, specify | |
| NO | | |
| | | |
| rief description of filing (if filing follows rates of a | an advisory organization, specify organization) | |
| iling to Adopt NCCI's Approved Loss Co | ost Change, Circular IL-2007-08 | |
| ting to Adopt Hoor o Approved 2000 US | | |
| | | |
| * Adjusted to reflect all prior rate changes. | will socult from application of now rates | |
| the Observation Comments and the International Artists to | viii result from application of new rates. | |
| ** Change in Company's premium level which w | • • | |
| ** Change in Company's premium level which v | ., | |
| ** Change in Company's premium level which w | | Insurance Co |
| ** Change in Company's premium level which v | Fireman's Fund | Insurance Co |
| ** Change in Company's premium level which v | Fireman's Fund | Insurance Co of Company |
| ** Change in Company's premium level which v | <u>Fireman's Fund</u> Name | Insurance Co of Company |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Sharige at Company's premium of fate is | evel produced by rate revision effective | 2/1/2008 |
|---|---|--------------------------------------|
| (1) | (2) | (3) |
| <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| B. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| Inland Marine Homeowners | | |
| 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 4,383,017 | -5.6 |
| Line of Insurance | 1,000,011 | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify: | |
| Brief description of filing. (If filing follow 1/1/2008 loss costs and rating values wi | vs rates of an advisory organization, specif th revised company loss cost multipliers. | y organization): Filipg to adopt NCC |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v | s. which will result from application of new rates | 3. |
| | The First Lib | perty Insurance Corporation |



Bonnie Roeder

State Filings Analyst Official – Title

SUMMARY SHEET

| ! | | |
|---|-------------------------------|---|
| 1 | Secretarial Nove Sept. | 1 |
| 1 | Sold of the state of the same | |
| | | |

| hange in Company's premium or rate l | evel produced by rate revision effective | e January 1, 2008 |
|---|--|------------------------------------|
| | | (0) |
| (1) | (2) | (3) Percent |
| | Annual Premium | Change (+ or -)** |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -) |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| Commercial Multi-Peril | | |
| 14. Crop Hail | | 1.6% |
| 15. Other Workers' Compensation | \$282,923 | 1.076 |
| Line of Insurance | | |
| Door filing only apply to certain territo | ory (territories) or certain classes? If so | o, specify: |
| No. | | |
| | | and if a completion is |
| Brief description of filing. (If filing following following following) Rate filing based on NCCI's approximately | ows rates of an advisory organization, | specify organization). |
| Rate filing based on NCCI's approv | veu auvisory loss costs. | |
| * Adjusted to reflect all prior rate cl | nanges. | |
| | | |
| result from application of new rat | s. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR | |
| | STATE OF ILLINOIS/IDEPR | |
| + | E III I D | Granite State Insurance Company |
| | T | Name of Company |
| i | JAN 0 1 2008 | |
| | 1 | Joseph Russo |
| j | SPRINGEIELD | Assistant Manager of State Filings |
| L | SPRINGFIELD, ILLINOIS | Official - Title |
| H29219D | | |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | el produced by rate revision effective | 01/01/2008 | |
|---|---|--|--------------------------|--|
| | (1) | (2) Annual Premium | (3) Percent | |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11, | Inland Marine | | | |
| | Homeowners | | | |
| | Commercial Multi-Peril | | | |
| | Crop Hail | <u> </u> | | |
| 15. | Other Workers' Compensation | 909,034 | 0.0% | |
| | Line of Insurance | | | |
| D | Siling and a second consistency (to | rritories) or certain classes? If so, specify: | | |
| | ies to all territories and classes. | intolles) of certain classes: If so, specify. | | |
| Appi | les to all territories and classes. | | | |
| Brie | of description of filing. (If filing follows rate | tes of an advisory organization, specify organ | nization): | |
| | otion of the 1/1/08 loss costs published by NCCI (| | | |
| | | | | |
| | | | | |
| | justed to reflect all prior rate changes. | | | |
| **C | hange in Company's premium level whi | ch will result from application of new rates. | | |
| | | | | |
| | | Great Northern Insurance Con | | |
| | | Na | me of Company | |
| | | | Aud Sah | |
| | | Assistant Vice President | The you | |
| | | ` | Official Vitte | |
| | | | | |
| | | · | | |
| | | LIVISION OF INSUHANCE | | |
| | | 6. 71 :- 132 IFFII4O(C)(C) | | |
| | | FREELI AWD | | |
| | | 1 | | |
| | | JAN 0 1 2008 | | |
| | | 1 | | |
| | | | | |
| | | SHALL FLD, ILLINOIS | | |

RECEIVED

NOV 1 9 2007

Form (RF-3)

H29219D

SUMMARY SHEET

5-1-08

Official - Title

IDFPR (M.P.C.)
DIVISION OF INSURANCE
SPRINGFIELD

| | (1) | (2) Annual Premium | (3) Percent |
|---|--|--|---|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| 2 | Commercial | ····· | |
| 3. | Liability Other Than Auto Burglary and Theft | | |
| 4. 5. | Glass | | |
| 5. 6. | Fidelity | | |
| 7. | Surety | | |
| 7. 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 5,220,240 | +2.0% |
| | Line of Insurance | _ | |
| Does f | iling only apply to certain territory (te | rritories) of certain classes: If so | э, эрссну. |
| Brief (| description of filing. (If filing follows | rates of an advisory organization | n, specify organization): pting NCCI's January 1, 2008 Advisory Rates, |
| We so Loss In add The r | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi- | application below. pliers for Level 1, 2 and 3. plicable to all new business and rene | ewal policies effective on or after May 1, 2008. |
| We so Loss In add The r | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi- required RF-3 is attached for your review. of Application: These changes shall be ap | application below. pliers for Level 1, 2 and 3. plicable to all new business and rene | |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi- required RF-3 is attached for your review. of Application: These changes shall be ap | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. | |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi-required RF-3 is attached for your review. of Application: These changes shall be appreciate favorable consideration will be appreciate adjusted to reflect all prior rate changes thange in Company's premium level w | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. | ewal policies effective on or after May 1, 2008. |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi-required RF-3 is attached for your review. of Application: These changes shall be appreciate favorable consideration will be appreciate adjusted to reflect all prior rate changes thange in Company's premium level w | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. | ewal policies effective on or after May 1, 2008. Harleysville Lakes States Insurance |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi-required RF-3 is attached for your review. of Application: These changes shall be appreciate favorable consideration will be appreciate adjusted to reflect all prior rate changes thange in Company's premium level w | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. | ewal policies effective on or after May 1, 2008. |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi-required RF-3 is attached for your review. of Application: These changes shall be appreciated for a part of the second state of the secon | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. s. hich will | ewal policies effective on or after May 1, 2008. Harleysville Lakes States Insurance Company |
| We si Loss In ad The r Rule Your | Costs, and Rating Values with the rule of a dition, we are revising our loss costs multi-required RF-3 is attached for your review. of Application: These changes shall be appreciated for a part of the second state of the secon | application below. pliers for Level 1, 2 and 3. plicable to all new business and rend. | ewal policies effective on or after May 1, 2008. Harleysville Lakes States Insurance Company |

SPEINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective

RECEIVED

NOV 1 9 2007

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSUPANCE
SPRINGFIELD

Official - Title

| C | hange in Company's premium or rate l | evel produced by rate revision effective | 5-1-08 |
|--------|---|--|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1 | Automobile Liphility | | |
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | - | |
| 14. | Crop Hail | 117,462 | +5.5 |
| 15. | Other Workers Compensation Line of Insurance | 117,402 | |
| Does f | iling only apply to certain territory (ter | rritories) or certain classes? If so, specif | y: |
| | | | |
| | | | |
| | | c l'annualization apoli | y organization): |
| Brief | description of filing. (If filing follows | rates of an advisory organization, specif % overall rate increase. We are adopting NC | CI's January 1, 2008 Advisory Rates, |
| We s | Costs, and Rating Values with the rule of a | application below. | |
| In ad | dition, we are revising our loss costs multip | pliers for Level 1, 2 and 3. | |
| | | | cies affective on or after May 1, 2008. |
| Rule | of Application: These changes shall be ap | plicable to all new business and renewal poli | cles effective on of after May 1, 2000. |
| Your | favorable consideration will be appreciate | u. | |
| * Д | djusted to reflect all prior rate changes | . . | |
| ** C | change in Company's premium level w | hich will | |
| re | esult from application of new rates. | | |
| | | Line II and II a | lavavilla Incurance Company |
| | | Similar Har | leysville Insurance Company Name of Company |
| | | hard he have a | Name of Company |
| | | Y 0 1 2008 | 2 |
| | | γ \1 0 ± 2000 | Ocen disher |
| | | · · · ninis | |
| | | , , | an Fishar |
| | | | en Fisher ior State Filings Analyst |
| | | 201 | nor oraco i mingo i marjor |

FORM (RF-3)

SUMMARY SHEET

NOV - 9 2007

RECEIVED

DEPR (1500)
DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective 01/01/2008. 711 (2)

| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
|----|---|---------------------------------------|--|
| _ | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety DIVISION OF INSURANCE | 7 | |
| | Boiler and Machinery Fall Fall Fall | | |
| | Fire | | |
|). | Extended Coverage JAN 0 1 2008 | | _ |
| ١. | Inland Marine | | |
|). | Homeowners SPRINGFIELD, ILLINOIS | | |
| ١. | Commercial Multi-Peril | | |
| ŀ. | Crop Hail | | |
| | Other Workers Compensation | \$26,563 | WW0+4.0 |
| | Line of Insurance | | <u> </u> |
| | Does filing only apply to certain territory (territoric specify: No | es) or certain classes? If so | , |

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Illinois Casualty Company Name of Company

Anne Thomas, Program Manager Official--Title

SUMMARY SHEET

MOV 1 3 2007

Change in Company's premium or rate level produced by rate revision effective

| (1) | (2) Annual Premium | (3) Percent <u>Change (+ or -)**</u> |
|--|---|--|
| <u>Coverage</u> | <u>Volume (Illinois)*</u> | Onlingo (* G. 7 |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | 000 700 434 | 1.6% |
| 15. Other Workers' Compensation Line of Insurance | \$28,726,131 | 1.07 |
| Does filing only apply to certain territor No. | y (territories) or certain classes? If so, sp | ecify: |
| Brief description of filing. (If filing follow Rate filing based on NCCI's approve | vs rates of an advisory organization, speced advisory loss costs. | ify organization): |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

H29219D

SPRINGFIELD, ILLINOIS

Illinois National Insurance Company

Name of Company

Joseph Russo
Assistant Manager of State Filings
Official - Title

MOV 1 S 2007

11.04 % 0 %00

Form (RF-3)

SUMMARY SHEET

| فيسط فسديد والمصابأة | אַראַ ניש קא |
|----------------------|---------------|
| music curati | ייסורבי,טמייו |
| | |

| hange in Company's premium or rate level produced by rate revision effective | | January 1, 2008 | |
|--|--|--------------------------|--|
| | | | |
| (1) | (2) Annual Premium | (3) Percent | |
| Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> | |
| 1. Automobile Liability | | | |
| Private Passenger | | | |
| Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger | | | |
| Commercial | ··· | | |
| Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire _ | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | <u> </u> | | |
| 15. Other Workers' Compensation | \$22,114,568 | 1.6% | |
| Line of Insurance | | | |
| | | | |
| Does filing only apply to certain territory | y (territories) or certain classes? If so, speci | ity: | |
| No | | | |
| | | | |
| Brief description of filing. (If filing follow | vs rates of an advisory organization, specify | organization): | |
| Rate filing based on NCCI's approve | d advisory loss costs. | | |
| | | | |
| * Adjusted to reflect all prior rate cha | nges. | | |
| ** Change in Company's premium lev | ol which will | | |

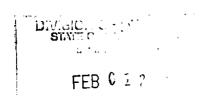
** Change in Company's premium level which will result from application of new rates.

| DWasses | The Insurance Company of the |
|---|-----------------------------------|
| DIVIDIN OF INSURANCE | State of Pennsylvania |
| DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR | Name of Company |
| JAN 0 1 2008 | Joseph Russo |
| JAN 0 1 2000 | ssistant Manager of State Filings |
| | Official - Title |
| SPRINGFIELD, ILLINOIS | |

H29219D

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

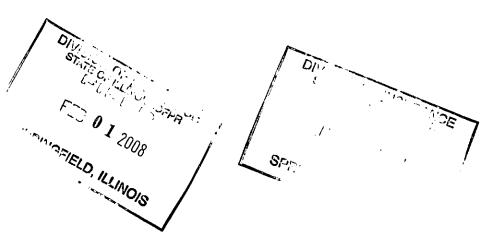
| Change in Company's premium or rate le | vel produced by rate revision effective | 2/1/2008 |
|---|--|--|
| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Workers Compensation Line of Insurance | 114,957,482 | -5.6 |
| Brief description of filing. (If filing follow | territories) or certain classes? If so, specify s rates of an advisory organization, speci | fy organization): Filing to adopt NCCI |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | hich will result from application of new rate | s. Insurance Corporation Name of Company |
| | Bonnie Roeder | State Filings Analyst Official – Title |



CERINGFIELD, ILLIM

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate | level produced by rate revision effective | 2/1/2008 |
|---|--|--|
| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | · · · · · · · · · · · · · · · · · · · | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 68,373,850 | -5.6 |
| Line of Insurance | 00,570,000 | |
| Brief description of filing. (If filing follow | (territories) or certain classes? If so, specify: ws rates of an advisory organization, specify ith revised company loss cost multipliers. | organization): Filing to adopt NCCI |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | which will result from application of new rates. Liberty Mutua | I Fire Insurance Company |
| | ., | and a company |
| | Bonnie Roeder | State Filings Analyst |
| | | Official - Title |
| | | |



ILLINOIS DEPÄRTMENT OF INSURANCE SUMMARY SHEET

| hange in Company's premium or rate le | vel produced by rate revision effective _ | 2/1/2008 |
|--|--|--|
| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger Commercial Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety Reiler and Machinery | | |
| Boiler and Machinery Fire | | |
| Extended Coverage | | |
| . Inland Marine | | |
| . Homeowners | | |
| Commercial Multi-Peril Crop Hail | | |
| . Other Workers Compensation | 7,405,033 | -5.6 |
| on filing only analy to cortain territory. | territories) or certain classes? If so, spe | cify: |
| djusted to reflect all prior rate changes Change in Company's premium level w | hich will result from application of new r | ates. y Mutual Insurance Company |
| | | |
| | 5 · 5 | Name of Company |
| | Bonnie Roeder | |
| | Bonnie Roeder DIVISION CE JUNE 1975 | Name of Company State Filings Analyst |
| | DIVISION OF THE TYPE | Name of Company State Filings Analyst |
| | DIVISION OF THE WAS | Name of Company State Filings Analyst |
| | DIVISION OF THE WAR | Name of Company State Filings Analyst Official – Title |
| | DIVISION OF THE WAR | Name of Company State Filings Analyst |
| | DIVISION OF THE WAR | State Filings Analyst Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate le | evel produced by ra | e revision effective | 2/1/2008 |
|-------------------|---|--|--|--|
| | (1) | (ź Annual I | | (3) Percent |
| | <u>Coverage</u> | <u>Volume</u> | <u>lllinois)*</u> | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | • | | | |
| | Boiler and Machinery Fire | | | |
| | Extended Coverage | | | |
| | Inland Marine | | | |
| 12. | Homeowners | | | |
| | Commercial Multi-Peril | | | |
| | Crop Hail | | 77.500 | |
| 15. | Other Workers Compensation Line of Insurance | 0,07 | 7,560 | |
| Bri <u>1/1</u> | ef description of filing. (If filing follow /2008 loss costs and rating values with | vs rates of an advis th revised company | ory organization, s loss cost multipliers | pecify organization): Filing to adopt NCCI |
| _ | | | | |
| | djusted to reflect all prior rate changes Change in Company's premium level v | | | rates. M Insurance Corporation Name of Company |
| | | | Bonnie Roeder | State Filings Analyst |
| | | | Donnie (Voede) | Official – Title |
| | | | FEB C 1 2 | INCE 200 |
| | | i | ·- / | (10) |
| | | | SPRING.FIELD, IL | - Akois |
| | | | | |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SUMMARY SHEET

JAN 0 1 2008

Change in Company's premium or rate level produced by rate revision effective

01/01/2008

| | (1) | (2) | SPRINGFIELD, ILLINOIS |
|-----|----------------------------|--------------------|--------------------------|
| | | Annual Premium | Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| ١٥. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other Workers' | \$2,075,837 | +3.0% |
| | Compensation | | |
| | Line of Insurance | | |
| | | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI advisory loss costs and rating values effective January 1, 2008

* Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

| Maryland C | Casualty | Insurance | |
|------------|----------|-----------|--|
| Company | | | |
| | | | |

Name of Company

Denise Goode, Secretary Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Ch | ange in Company's premium or rate l | evel produced by rate revision effective | 01-01-08 |
|------------------|---|--|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | <u> </u> | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail Other Workers' Compensation | \$8,721.00 | +4.0% |
| 15. | Line of Insurance | \$0,721.00 | .4.070 |
| ma mir alg | ximum minimum premium of \$1000. imum premium is \$750. The Manu prithm we filed in 2007, under filing nu | We are filing a maximum minimum premit Please see the attached Manual Exception at Exception Page shows the maximum umber 2006-02, for our company specific science. | n Page which indicates the maximum minimum premium and the premium |
| | ljusted to reflect all prior rate changes hange in Company's premium level w | s. hich will result from application of new rates | |
| | | MEMIC | Indemnity Company |
| | | Maria | Name of Company |
| | | April | 1 Schwarz |
| | | <u> </u> | roduct Manager / Official - Title |
| | | | Official - Fide |
| | | DIVISION OF INSUTANCE STATE OF ILLINOIS, IDEPT JAN 0 1 2008 | |
| | | SPRINGFIELD, ILLINO | |
| | | | |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate leve | I produced by rate revision effective | January 1, 2006 |
|--|---|--|
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| <u>oorerage</u> | | |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage | | |
| | | |
| Liability Other Than Auto | | <u> </u> |
| Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| | | |
| | | |
| | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | 0.20/ |
| 15. Other Workers' Compensation | 7,895,104 | 0.3% |
| Ente of modifiator | | |
| Brief description of filing. (If filing follows Costs and revising Company LCM's | rates of an advisory organization, speci | |
| | | |
| *Adjusted to reflect all prior rate changes.**Change in Company's premium level which | ch will result from application of new rate | s |
| | | . |
| Cor | mection Milway | ukee Casualty Ins. Co. |
| | | Name of Company |
| | | |
| | Jon Zetlau- Bure | eau/Forms Compliance Manager |
| _ | | Official - Title |
| JAN (1 | 2008 | |
| | | |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | vel produced by rate | revision effective | January 1, 2008 |
|--|---|----------------------------|--|
| (1) <u>Coverage</u> | (2) Annual Pre <u>Volume (III</u> | | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | | |
| Passenger Commercial | | - | |
| 2. Automobile Physical Damage | | | |
| | | | |
| 3. Liability Other Than Auto | | - | |
| 4. Burglary and Theft 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | - | |
| 11. Inland Marine | · | | |
| 12. Homeowners | <u>.</u> | ···· | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | .05 | 0.50/ |
| 15. Other Workers' Compensation Line of Insurance | 809,3 | | -2.5% |
| Does filing only apply to certain territory (| territories) or certain o | classes? If so, specify: _ | |
| Brief description of filing. (If filing follow Costs and revising Company LCM's | s rates of an advisor | y organization, specify | organization): Adopting NCCI Loss |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level w | | onlication of new rates | |
| | · · · · · · · · · · · · · · · · · · · | pphodilott of flott (dioo. | |
| \mathcal{L}_{v} | rm ctien | Milwau | kee Insurance Co. |
| · | | | ime of Company |
| | | Jon Zetlau- Bureau | ı/Forms Compliance Manager |
| | - | | Official - Title |

DIVISION OF INGURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

SPRINGFIELD, ILLINOIS

RECEIVED

Illinois

NOV - 1 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFILLD

SUDINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) | (2) | (3) |
|---|---|---|
| Coverage | Annual Premium | Percent |
| - | Volume (Illinois)* | Change (+ or –)** |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | <u></u> |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | *************************************** |
| Extended Coverage | | |
| 1. Inland Marine | | <u></u> |
| 2. Homeowners | | |
| 3. Commercial Multi-Peril | | |
| 4. Crop Hail | | |
| 5. Workers Compensation | \$3,312,211 | 1.6% |
| ^ ~ · | | |
| 6. Other | | |
| Line of Insurance | | |
| Line of Insurance pes filing only apply to certain territory (territorian) NO | | |
| Line of Insurance bes filing only apply to certain territory (territorional NO | an advisory organization, specify organiza | |
| Line of Insurance pes filing only apply to certain territory (territorian) NO | an advisory organization, specify organiza | |
| Line of Insurance bes filing only apply to certain territory (territorional NO | an advisory organization, specify organiza | |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organizations Change, Circular IL-2007-08 | |
| Line of Insurance bes filing only apply to certain territory (territorion NO bef description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C | an advisory organization, specify organizations Change, Circular IL-2007-08 | |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) al Surety Corporation Name of Company |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) al Surety Corporation Name of Company Official — Title- |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) al Surety Corporation Name of Company Official — Title—— DIVISION OF |
| Line of Insurance Des filing only apply to certain territory (territoric NO Dief description of filing (if filing follows rates of ling to Adopt NCCI's Approved Loss C * Adjusted to reflect all prior rate changes. | an advisory organization, specify organization of new rates. | ation) al Surety Corporation Name of Company Official — Title- |

MOV 1 9 2007

Form (RF-3)

H29219D

SUMMARY SHEET

January 1, 2008 Change in Company's premium or rate level produced by rate revision effective (3) (2) (1) Percent Annual Premium Change (+ or -)** Volume (Illinois)* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 1.6% \$12,955,389 15. Other Workers' Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate filing based on NCCI's approved advisory loss costs. Adjusted to reflect all prior rate changes. DIVISION OF INSURANCE Change in Company's premium level which will result from application of new rates 管门区区 National Union Fire Insurance Company of Pittsburgh, PA 8005 1 0 NAL Name of Company SPAINCFIELD, ILLINOIS Joseph Russo ssistant Manager of State Filings Official - Title

RICEVED

NOV 1 9 2007

TO POD (CHEC) EDMAI, UÇMI ÇO NO:BIVIC

Form (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | January 1, 2008 |
|--|---|------------------------------------|
| | | |
| (1) | (2) | (3) |
| (1) | Annual Premium | Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| <u>Coverage</u> | Volume (minors) | <u> </u> |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | - | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers' Compensation | \$72,790,813 | 1.6% |
| Line of Insurance | | |
| | | |
| Does filing only apply to certain territor | y (territories) or certain classes? If so, sp | pecify: |
| No. | | |
| | | |
| | ws rates of an advisory organization, spe | city organization): |
| Rate filing based on NCCI's approve | ed advisory loss costs. | <u></u> |
| | DIVISION OF L'ISUPIANCE | |
| * Adjusted to reflect all prior rate cha | DIVISION OF L'SUTIANCE STATE OF ILLEGUIGHEPR | , |
| ** Change in Company's premium le | angpa. (声 [[] [] [] [] [] [] [] [] [] | ł |
| result from application of new rate | ľ | |
| result from application of new rate | s. JAN 0 1 2008 | |
| | | Hampshire Insurance Company |
| | | Name of Company |
| | SPRINGFIELD, ILLINOIS | Traine or company |
| | | Joseph Russo |
| | | Assistant Manager of State Filings |
| | i- | Official - Title |

H29219D

ILLINOIS SUMMARY SHEET

MON - 2 5 5003

DIMER MEDICAL COLOR

FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate revis | ion effective | January 1, 2 | .008 |
|-------------------|---|--|---------------|-------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | _ | |
| 2. | Commercial Automobile Physical Damage Private Passenger Commercial | | | |
| 3. 4. | Liability Other Than Auto Burglary and Theft | | | |
| 5. 6. 7. | Glass Fidelity Surety | | | |
| 8. 9. | Boiler and Machinery (1310) | | - | |
| 10. 11. 12. | Extended Coverage Inland Marine Homeowners JAN U 1 7008 | | <u> </u> | |
| 13. 14. 15. | Homeowners Commercial MultiPeril Crop Hail Workers Compensation | 242,280 | | -0.20% |
| 16. | Other Line of Insurance | | <u> </u> | |
| Does | filing only apply to certain territory (territories) or certain class | es? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organi- kers Compensation loss costs and rating values p | zation, specify organization) er NCCI Circular IL-200 | | NCCI approved also reduces the loss |
| cost | multiplier from 1.546 to 1.509. | | | |
| ** | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | application of new rates. | | |
| | | NIPPONKOA Insuranc | ce Company | |
| | | N/e | me of Company | |

Margaret M. Salsbury

Official - Title

Senior Regulatory Analy

Mitch Matthews, State Filings Representative II
Official — Title

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) | (2) | (3) |
|--|--|-----------------------------------|
| Coverage | Annual Premium | Percent |
| | Volume (Illinois)* | Change (+ or –)** |
| Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | 27m 13. 41.00 |
| 5. Glass | - | - HARBION C |
| 6. Fidelity | | Charles U. |
| 7. Surety | | · · · |
| 8. Boiler and Machinery | | IAN () |
| 9. Fire | | + JAN C 18 |
| 10. Extended Coverage | | |
| 11. Inland Marine | | SPAINOFIE. |
| 12. Homeowners | | o. mec.nz |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$409,205 | 4.0% |
| 16. Other | \$409,205 | 4.0% |
| Line of Insurance | | |
| Line of insurance | | |
| | | |
| Does filing only apply to certain territory (territoric | es) or certain classes? If so, specifyN | /A |
| | | |
| Brief description of filing (if filing follows rates of | an advisory organization, specify organiza | tion) NorGUARD adopts the Advisor |
| Brief description of filing (if filing follows rates of a | an advisory organization, specify organiza | tion) NorGUARD adopts the Advisor |
| Brief description of filing (if filing follows rates of | an advisory organization, specify organiza | tion) NorGUARD adopts the Advisor |
| Brief description of filing (if filing follows rates of a | an advisory organization, specify organiza sation Insurance, Inc., Effective January 1, 200 | tion) NorGUARD adopts the Advisor |
| Brief description of filing (if filing follows rates of a Rates as released by the National Council on Compen- policies effective on and after January 1, 2008. * Adjusted to reflect all prior rate changes. | an advisory organization, specify organiza sation Insurance, Inc., Effective January 1, 200. | tion) NorGUARD adopts the Advisor |

SUMMARY SHEET

| | ange in Company's premium or rate level produced by | 03/01/08 | |
|-----|---|---|-----------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+or-)** |
| | - | voiding (minors) | onango (or) |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | <u>.</u> | |
| 8. | Boiler & Machinery | | |
| 9. | Fire 61.173 0 1. 2008 | · · · · · · · · · · · · · · · · · · · | |
| 10. | Extended Coverage | <u>.</u> | |
| 11. | Inland Marine | 3 | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Workers' Compensation | 5,858,467 | 2.9% |
| 16. | Other | | |
| | Does filing only apply to certain territory(ies) or certain | classes? If so, specify: | |

| North American Specialty Insurance Compa | TY IT IT IS IT IN A STATE OF |
|--|---|
| Name of Company | HECEIVED |
| Linda Snook, P&RS Specialist | NOV 1 6 2007 |
| Official Title | 1 0 2001 |
| | IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD |

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

| Form | (RF- | -3) |
|------|------|-----|
| | | |

SUMMARY SHEET

DIVISION OF INCU. LANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

Change in Company's premium or rate level produced by rate revision effective

01/01/2008 SPRINGFIELD, ILLINOIS

| (1) | | (1) | (2) | (3) |
|--------|------------|----------------------------|--|--------------------------|
| | | () | Annual Premium | Percent |
| | | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Autom | obile Liability | | |
| | | te Passenger | | |
| | Comr | nercial | | |
| 2. | | obile Physical Damage | | |
| | | te Passenger | | |
| | | nercial | | |
| 3. | | ty Other Than Auto | | |
| 4. | _ | ry and Theft | | |
| 5. | Glass | | | |
| 6. | Fidelity | y | | |
| 7. | Surety | | | |
| 8. | | and Machinery | | |
| 9. | Fire | | | |
| 10. | | ed Coverage | | |
| 11. | Inland | | | |
| 12. | Homeo | | | |
| 13. | | ercial Multi-Peril | | |
| 14. | Crop H | | | |
| 15. | Other | Workers' | \$3,625,618 | +0.6% |
| | | Compensation | | |
| | | Line of Insurance | | |
| | | | | |
| Does f | iling only | apply to certain territory | (territories) or certain classes? If so, spe | cify: |
| | | | | |
| | | | **** | |
| | | | | |
| | | | vs rates of an advisory organization, spe | |
| Ado | ption of | NCCI advisory loss c | osts and rating values effective Ja | anuary 1, 2008 |
| | | | | |
| | | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Northern Insurance Company of New York

Name of Company

Denise Goode, Secretary
Official - Title

| | , | DIVIS A OF INCLUDED |
|--|---------------------------------------|---|
| Form (RF-3) | SUMMARY SHEET | JAN C 1 2008 |
| Change in Company's premrevision effective 1/1/ | ium or rate level produced ! /08 | PY ST外ROHELD, ILLINOIS |
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance | \$648,960 | +1.6 % |
| Does filing only apply to certa: If so, specify: No | | certain classes? |
| Brief description of filing. (organization, specify organizat | ion): Adoption of the NCCI | Loss Costs IL-2007-08 nultiplier and removing t |
| * Adjusted to reflect all prior ** Change in Company's premium result from application of no | level which will | |
| | OneBeacon America Insu | |

Sharon Sansone, Assistant Vice President Workers Compensation

Official -Title

H29219D

| | DIVICIO DE VIGITO DE SIA CONTRA CONTR | |
|---|--|----------------------------------|
| | JAN 0 1 2008 | 1 |
| Form (RF-3) | SUMMARY SHEET | |
| Change in Company's premiurevision effective 1/1/08 | SPRINGFIELD, ILLINO by m or rate level produced by | rate |
| (1) | (2) | (3) |
| <u>Coverage</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail | | |
| 15. Other Workers Compensation Line of Insurance | \$40,242 | +1.6 % |
| Does filing only apply to certain If so, specify: No Brief description of filing. (If organization, specify organization | filing follows rates of an | advisory oss Costs IL-2007-08 |
| * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new | vel which will rates. | |
| _ | OneBeacon Insurance | Company |

| | Name of | Company | | |
|-----------------------|--------------------|-----------|---------------------------------------|---------------|
| Sharon Sansone, Assis | SOPL Stant Vice | President | Workers | Compensation |
| 0 | fficial -Ti | itle | · · · · · · · · · · · · · · · · · · · | - |

H29219D

Form (RF-3) SUMMARY SHEET FateSPRINGHELD ILLINOIS Change in Company's premium or rate level produced by revision effective 11/15/07 (2) (3) (1) Annual Premium Percent Volume (Illinois) * Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail \$40,242 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory

Change in Company's multiplier in OBIC. The revised multiplier of 1.292 will be based on the 1/1/07 Loss Costs. This change will be applicable to all policies effective on and after 11/15/07. We are also amending our Schedule Rating Program.

* Adjusted to reflect all prior rate changes.

organization, specify organization):

** Change in Company's premium level which will result from application of new rates.

| | | Name | or co | mpany | | |
|-----|----------|-----------|-------|-----------|---------|--|
| a | ρ | 1 | | | | |
| >0V | Jaron. | Sanso | U_ | | | |
| | | Assistant | Vice | President | Workers | |
| ~ | ستسالينا | | | | | |

OneBeacon Insurance Company

Compensation

Official -Title

H29219D

-14.48

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | nge in Company's premium or rate leve | 01/01/2008 | |
|------|---|---|--|
| | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | _ _ | |
| | Fire | | |
| | Extended Coverage Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | <u> </u> | |
| | Other Workers' Compensation | 4,290,784 | 0.9% |
| | Line of Insurance | | |
| Brie | es to all territories and classes. f description of filing. (If filing follows ration of the 1/1/08 loss costs published by NCCI (| tes of an advisory organization, specify orgal NCCI Circular # IL - 2007 - 05) | nization): |
| *Adj | usted to reflect all prior rate changes. | ch will result from application of new rates. | |
| G | lange in Company's premium level will | | |
| | | Pacific Indemnity Company | me of Company |
| | | Assistant Vice President | Sericial - Title A Sericial |
| | | DIVIGION OF THE STATE OF ILLINOIS | |
| | | JAN V SALLANOI | 3 |
| | | STAMBFIELD, 12 | . - |

SUMMARY SHEET

| (| Change in Company's premium or rate lev | rel produced by rate revision effective | March 1, 2008 New May 1, 2008 Renewal |
|------------|--|--|--|
| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | *************************************** |
| 4. | Burglary and Theft | | *** |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. 13. | Homeowners Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$726,931 | +2.5% |
| 15. | Line of Insurance | 4120,001 | |
| No, f | iling only apply to certain territory (territor the filing applies to all territories and description of filing. (If filing follows rate tion of January 1, 2008 NCCI loss c | d classes. es of an advisory organization, specify | organization): |
| | | | |
| | | - Inversa | OF INSU. ANCE |
| ** C | djusted to reflect all prior rate changes. hange in Company's premium level which sult from application of new rates. | will | R 6 1 2008 |
| | | | |
| | | | FIELD, ILLINOIS s Insurance Company |
| | | N | lame of Company |

Tracy Yokimishyn - Actuarial Analyst
Official - Title

ILLINOIS SUMMARY SHEET

NOV - 5 2007

FORM RF-3

| Chan | ige in Company's premium oi | rate level produced by rate revision | on effective | January 1, 2 | 2008 |
|------------|---|--|---|------------------|---|
| | (1) Coverage | | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | | _ | |
| 2. | Automobile Physical Dama Private Passenger Commercial | age | | | |
| 3. | Liability Other Than Auto | | | | |
| 4. | Burglary and Theft | | | | |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | <u> </u> | |
| 8. | Boiler and Machinery | DIVISION OF INSULTINO | | <u></u> | |
| 9. | Fire | SIALEON | | | |
| 10. | Extended Coverage | | | | |
| 11. | Inland Marine | JAN 6 1 2009 | | | |
| 12. | Homeowners | 37.44 | | | |
| 13. | Commercial Multi-Peril | THE RELEASE | 5 | | |
| 14. 15. | Crop Hail Workers Compensation | SPRINCFIELD, ILLINOI | 2,975,330 | | -1.80% |
| 16. | Other | and the state of t | 2,070,000 | | |
| 10. | Line of Insu | erance | | | |
| | | | | | |
| Does | filing only apply to certain te | rritory (territories) or certain classe | s? If so, specify | No. | |
| Wor | kers Compensation los | ollows rates of an advisory organizes costs and rating values pe o 2.264. The filing maintains | r NCCI Circular IL-200 | 7-08. The filing | NCCI approved also reduces the loss 0%. |
| * | Adjusted to reflect all prior Changes in Company's pre | rate changes emium level which will result from a | application of new rates. | | |
| | | | Phoenix Insurance Co | mnany | |
| | | | | ame of Company | |
| | | | Margaret M. Salsbury | | Senior Regulatory Analy |
| | | | | Official - Title | |

RECEIVED

Illinois

NOV - 9 2007

DEPR (MPC)
DIVISION OF INSURANCE
APRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

| (1) | (2) | (3) |
|--|--|--|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)** |
| Automobile Liability Private Passenger | . , | · · |
| Commercial | | |
| 2. Automobile Physical Damage | | L. LANCE |
| Private Passenger | | - VIDEPR |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | JAN 0 1 2008 |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | CONTINCOMELD, ILLINOIS |
| 8. Boiler and Machinery | | والمراق المستقليف فالمشرخ والمستقد المراق المستقد المس |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | - |
| 15. Workers Compensation | \$1,5000,000 | 180 Pind classes 4.00 |
| 16. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (territori | ies) or certain classes? If so, specif <u>y No</u> | |
| Brief description of filing (if filing follows rates of | an advisory organization, specify organiza | ation) Adoption of NCCI Voluntary |
| Advisory Rates, Loss Costs, and Rating Values | Effective January 1, 2008. | |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which | | |
| | Reinsu | rance Company of America, Inc. |
| | | Name of Company |
| | James I | M. Kernan, President |
| | | Official — Title |

SUMMARY SHEET

| ı | Change in Company's premium or rat | e level produced by rate revision effecti | ive 01/01/2008 |
|----------|--|---|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | <u> </u> | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3. 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | ··· |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | 1.004 |
| 15. | Other Workers | \$4,681,046 | + 4.0% |
| | Compensation | | |
| | Line of Insurance | | • • |
| Does f | * • • • • • • • • • • • • • • • • • • • | erritories) or certain classes? If so, spec | |
| Brief o | description of filing. (If filing follows ption of NCCI Advisory Rates | s rates of an advisory organization, speceffective 01/01/2008 | |
| | | | Diving |
| | | | DIVISION OF LEURANNOE STATE OF ILL INDISHOFPE |
| * A | djusted to reflect all prior rate change | S | L- ILLINOIS/IDEPS |
| ** C | hange in Company's premium level w | hich will | |
| re | sult from application of new rates. | | JAN 0 1 2008 |
| | | | 8008 |
| | | | Spana |
| | | R | SPRINGFIELD, ILLINOIS |
| | | | surance Company |
| | | | Name of Company |

Andra M. Snyder, Regulatory Compliance Officer Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate l | evel produced by rate revision | effective | January 1, 2008 |
|--|--|--|-------------------------------|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illindis)*</u> | VISION OF 1 1 101/M STATE OF ILLIM 2012/31 | (3) Percent Change (+ or -)** |
| Automobile Liability Private | | JAN - | |
| Passenger Commercial | ţ | | 013 |
| 2. Automobile Physical Damage | | SPRINGF IELD, ILLIN | OIS |
| Private Passenger Commercial | · · | and the second s | |
| 3. Liability Other Than Auto | | | |
| The state of the s | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | _ | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other Workers' Comp | \$100,000 estimated | | +0:0% 4.0% |
| Line of Insurance | | | , ,,, |
| Does filing only apply to certain territory Brief description of filing. (If filing follo Voluntary Market Advisory Rates, Los approval circular IL-2007-08 and in Filing | ws rates of an advisory orga s Costs, and Rating Values | anization, specify org | anization): Adoption of NCCI |
| | | | |
| | | | |
| 'Adjusted to reflect all prior rate changes '*Change in Company's premium level w | | n of new rates. | |
| | | | |
| | | Safety First Insu | rance Company |
| | - | Safety First Insur Name of 0 | rance Company Company |

RECEIVED

NOV - 1 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | January 1, 2008 |
|---|---|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft 5. Glass DIVISION OF INSUR. 6. Fidelity STATE OF ILLEGISION | FPR \ | |
| 7. Surety (Fig. 1997) 8. Boiler and Machinery | | |
| 9. Fire JAN 0 1 2008 | В | |
| 10. Extended Goverage 11. Inland Marine 12. Homeowners SPRINGFIELD, ILLII | NOIS | |
| 13. Commercial Multi-Peril 14. Crop Hail | | |
| 15. Other <u>Workers' Comp</u> Line of Insurance | \$1,500,000 estimated | ±0.8% + 4.0 |
| Does filing only apply to certain territory (| (territories) or certain classes? If so, specify: | No. |
| | ws rates of an advisory organization, spective January Circular IL-2007-05. | |
| 'Adjusted to reflect all prior rate changes '*Change in Company's premium level w | hich will result from application of new rates | |
| | | onal Casualty Corporation Name of Company |
| | Marilyn Tinnell, | CPCU - Compliance Manager Official - Title |



| | | ٠ | 4 | | | |
|---|---|---|---|-----|-----------------------|----|
| - | П | ı | 4 | n | $\boldsymbol{\wedge}$ | IS |
| | | ı | 4 | 3 1 | u | 13 |

ILLINOIS SUMMARY SHEET

NOV - 5 2007

FORM RF-3

DIVICIO DE INSULANCE

| Chan | ge in Company's premium or rate level produced by rate re | vision effective | January 1, 2008 | <u> </u> |
|----------|--|---|--|-------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Surety DIVISION OF INSUPACIOE STATE OF FLOOR OF THE OFFI | | | |
| 7. 8. | Surety STATE OF FLUID. Boiler and Machinery | * | | |
| 9. | | | | |
| 10. | Extended Coverage JAN (1 2008 | | | ********** |
| 11. | Inland Marine | | | |
| 12. | • | · · · · · · · · · · · · · · · · · · · | | |
| 13. | Homeowners SPRINGFIELD, ILLINOIS Commercial Multi-Peril | | <u> </u> | |
| 14. | Crop Hail | | | |
| 15. | Workers Compensation | 7,988,821 | | 0.00% |
| 16. | Other | | | |
| | Line of Insurance | | | |
| Does | filing only apply to certain territory (territories) or certain cla | sses? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory orga kers Compensation loss costs and rating values multiplier from 1.856 to 1.811. The filing maintai | per NCCI Circular IL-2007-08. | Adoption of NCC The filing also retion of +20.0%. | |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | om application of new rates. | | |
| | | St. Paul Fire & Marine Insu | ırance Company | |
| | | | of Company | |
| | | | | |
| | | Margaret M. S | alsbury | Senior Reg |

| | | | linois |
|--|--------------------------------|---|---|
| | | The Colon Vision | |
| ILLINOIS | SUMMARY SHEET | NOV - 5 2007 | |
| FO | RM RF-3 | MOA S toda | |
| ro | rivi kr-3 | DIMENUL OF LEADING | |
| ange in Company's premium or rate level produced | by rate revision effective | January 1, 2 | 2008 |
| (1) | | (2) | (3) |
| Coverage | | ial Premium me (Illinois)* | Percent Change (+ or -)** |
| . Automobile Liability | | | |
| Private Passenger Commercial | | | |
| Commercial Automobile Physical Damage | | | |
| Private Passenger | | | |
| Commercial Liability Other Than Auto | | - | |
| Liability Other Than Auto | | · | |
| Burglary and Theft | | | • |
| Glass | | | |
| Fidelity | | | |
| Surety | | | |
| Boiler and Machinery Fire | | | |
| | Section 1 | | |
| . Extended Coverage DIVISIATE CONTROL | · + | | · ** |
| | | <u> </u> | ***** |
| . Homeowners . Commercial Multi-Paril JAN 0 1 | VIII) | | |
| Commercial Multi-Peril JAN | _ + | | |
| . Crop Hail | ILLINOIS - | 790,132 | 0.00% |
| . Crop Hail . Workers Compensation . Other SPRINGFIELD | | 100,102 | |
| . Other SPHIII | | , | |
| es filing only apply to certain territory (territories) or | certain classes? If so, sp | ecify No. | - |
| | | | |
| ef description of filing (if filing follows rates of an ad | visory organization, speci | fy organization) Adoption of | NCCI approved |
| orkers Compensation loss costs and ratin | g values per NCCI C | ircular IL-2007-08. The filing | also reduces the los |
| st multiplier from 1.392 to 1.359. The filing | g maintains the curre | nt approved deviation of -10.0 | J% |
| | | | |
| | | | |
| * Adjusted to reflect all prior rate changes | | _ | |
| Changes in Company's premium level which w | ill result from application of | of new rates. | |
| | | | |
| | St. Paul | Guardian Insurance Compan | ٧ |

Name of Company

Margaret M. Salsbury

Senior Regu

Official - Title

| | | ILLINOIS SUMMARY | SHEET | | |
|----------|---|---|---|---------------------|----------------------|
| | | FORM RF-3 | NOV - | | |
| han | ge in Company's premium or | rate level produced by rate revision | n effective | : /'(*) - | 008 |
| | (4) | | (2) | | (3) |
| | (1) | | (2) Annual Premium | | Percent |
| | Coverage | | Volume (Illinois)* | | Change (+ or -)** |
| | | | | | |
| 1. | Automobile Liability Private Passenger Commercial | - | · | . | |
| 2. | Automobile Physical Dama Private Passenger | ge - | | | |
| 2 | Commercial | - | | | |
| 3. | Liability Other Than Auto | - | **** | | |
| 4. | Burglary and Theft | - | · · · · · · · · · · · · · · · · · · · | | |
| 5. 3. | Glass | - | | | · |
| 5. 7. | Fidelity | - | | | |
| 7. B. | Surety | - | | | |
| | Boiler and Machinery | - | | | |
| 9. | Fire | | age, marted be resident. | | |
| 0. | Extended Coverage | DIVISOULT N | 35 | | |
| 1. | Inland Marine | DIV. STALL STALL | | | |
| 2. | Homeowners | | | | |
| 3. | Commercial Multi-Peril | 1 2000 | | | |
| 4. | Crop Hail | JAN V 1 2008] | 3,922,583 | | 0.00% |
| 5. | Workers Compensation | - | | | 0.0070 |
| 6. | Other | ance SPRINGFIELD, ILLING | IS | | |
| | Line of Insui | rance Sir, mit Cit in and in a | | | |
| oes | filing only apply to certain ter | ritory (territories) or certain classes | ? If so, specify | No. | |
| | • | | | | |
| | | | | | |
| | | llows rates of an advisory organizat | | | NCCI approved |
| Vог | cers Compensation loss | s costs and rating values per | NCCI Circular IL-200 | 07-08. The filing a | lso reduces the loss |
| ost | multiplier from 1.546 to | 1.509. | | | |
| | | | | | |
| | | | | | |
| W r#r | Adjusted to reflect all prior | | ulication of navventon | | |
| | Changes in Company's pre | mium level which will result from ap | oplication of new rates. | | |
| | | | | | |
| | | <u>.</u> | St. Paul Mercury Insu | rance Company | |
| | | | | Name of Company | |
| | | | | Margaret M. | Salsbury |
| | | - | | Official - Title | Official - Title |
| | | | | | |

| | ٠ | 1 | | |
|-----|---|---|---|-------|
| | | | | nois |
| ١, | 1 | | ш | 11111 |
| 4 4 | | | 1 | |
| | | | | |

WOV - 5 2007

FORM RF-3

THE PROPERTY OF THE PARTY OF

| Chan | ge in Company's premium or rate level produced by rate revis | sion effective | January 1, 200 | 8 |
|-------|--|---|--------------------|---------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| | 0010.12gs | , | | • • • |
| 1. | Automobile Liability | | | |
| | Private Passenger | | _ | |
| _ | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | ************************************** | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine Homeowners DIVISION OF THIS I THE PRINCE OF | | | |
| 12. | Homeowners DIVISION (| | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail Workers Compensation JAN C 1 7008 | | | |
| 15. | Workers Compensation JAN U | -5,941 | | 0.00% |
| 16. | Other | ols \ | | |
| | Other Line of Insurance SPRINGHELD, ILLIN | | | |
| _ | SPAINO | | No. | |
| Does | filing only apply to certain territory (territories) or certain class | ses? If so, specify | NO. | |
| | | | | |
| Rrief | description of filing (if filing follows rates of an advisory organi | ization, specify organization) | Adoption of NC | CI approved |
| Mori | kers Compensation loss costs and rating values p | per NCCI Circular IL-200 | | |
| cost | multiplier from 1.856 to 1.811. The filing maintain | s the current approved d | eviation of +20.0% |). |
| JUJ1 | manufacture 1.000 to 1.011. The imagine | | | · · · · · · · · · · · · · · · · · · · |
| | | · | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which will result from | application of new rates. | | |
| | | | | |
| | | St. Paul Protective Ins | urance Company | |
| | | | ame of Company | |
| | | 140 | and or company | |
| | | Maraaret | M. Salsbury | Senior Regu |
| | | | | al - Title |
| | | | CITOR | |

| Form (R | F-3) DIVISION OF STATE OF ILLE | INSURANCE SUMMARY SHEE | EΤ |
|---------------------|--|---|--|
| Cha | ange in Company's premium drAhle le | wel 300 duced by rate revision effective | 1/1/2008 |
| | (1) SPRINGFIEL | D, ILLINOIS (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| 1. 4 | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. 1 | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| 5. (| Glass | | |
| 6. 1 | Fidelity | | |
| 7. | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | <u> </u> | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | 2.250.145 | 10.50/ |
| 15. | Other Workers Compensation Line of Insurance | 3,259,147 | +0.5% |
| Does filir No | ng only apply to certain territory (terri | tories) or certain classes? If so, specify: | |
| | | | |
| Brief des We are | cription of filing. (If filing follows ra adopting the NCCI loss costs that are | tes of an advisory organization, specify of effective 1/1/08 and revising our current | organization): loss cost multipliers. |

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of South Carolina

Name of Company

Abbe Cesari - Vice President of **Business Practices Group** Official - Title

DIVISION OF HEAT STATE OF ILLINOIS NOR STATE

Form (RF-3)

SUMMARY SHEET

JAN 0 1 2005

| | (1) | (2) Annual Premium | (3) Percent |
|-----------|--|--|--------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3. 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 13,162,205 | -0.1% |
| | Line of Insurance | | |
| S = = = 6 | Time only apply to portain territory | (territories) or certain classes? If so, spe | ecify: |
| No No | ling only apply to certain territory t | (territories) of certain classes: If so, spe | .city. |
| 140_ | | | |
| | | | |
| | | ws rates of an advisory organization, spe | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of the Southeast

Name of Company

Abbe Cesari - Vice President of Business Practices Group

Official - Title

SUMMARY SHEET

State Filings Analyst
Official - Title

| 1. | Coverage Automobile Liability | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
|------------------------------------|--|--|---|
| 1. | | | |
| | Private Passenger | | |
| 2. | Commercial Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | 1 (72 000 | +4.0% |
| 15. | Other Workers Compensation Line of Insurance | 1,673,908 | -4.07 0 |
| No Brief de Adopti 2007-0 | on of the following NCCI Circulars: | rates of an advisory organization, specify CIF-2006-08, IL-2007-01, IL-2007-03, II | organization): L-2007-04, IL-2007-08 & IL- |

| ILLINOIS SUMMARY SHEE | \mathbf{E}' | HE | SH | ۲Y | ٩F | M. | M | IJ | S | IS | O | N | Ti. | I 1 | I |
|-----------------------|---------------|----|----|----|----|----|---|----|---|----|---|---|-----|-----|---|
|-----------------------|---------------|----|----|----|----|----|---|----|---|----|---|---|-----|-----|---|

NOV - 5 2007

FORM RF-3

DIVICION OF THE UPINKE

| Change in Company's pren | nium or rate level | produced by | rate revision | effective |
|--------------------------|--------------------|-------------|---------------|-----------|
| | | | | |

January 1, 2008

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-----|---|---|-------------------------------------|
| | - | | |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | | 1 | |
| 3. | Liability Other Than Auto Burglary and Theft Glass Fidelity | | |
| 4. | Burglary and Theft SWISTON OF THE STIDEPH | | |
| 5. | Glass Sini C | | |
| 6. | Fidelity | | |
| 7. | Surety Boiler and Machinery JAN 1 7008 | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire Extended Coverage Inland Marine Statistical D. ILLINOIS | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine Signature | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | ··· |
| 15. | Workers Compensation | 1,020,438 | -1.90% |
| 16. | Other | | |
| | Line of Insurance | | |
| | | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Morkers Compensation loss costs and rating values per NCCI Circular IL-2007-08. The filing also reduces the loss cost multiplier from 1.082 to 1.056. The filing maintains the current approved deviation of -30.0%.

The Standard Fire Insurance Company

Name of Company

Margaret M. Salsbury

Senior Regulatory Analy

Official - Title

^{*} Adjusted to reflect all prior rate changes

^{**} Changes in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety |) <u>**</u> |
|--|-------------|
| Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety | |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Poilor and Machinery | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety | |
| 5. Glass 6. Fidelity 7. Surety | |
| 5. Fidelity 7. Surety | |
| 7. Surety | |
| | |
| | |
| 9. Fire | |
| 10. Extended Coverage | |
| 1. Inland Marine | |
| 2. Homeowners | |
| 13. Commercial Multi-Peril | |
| 14. Crop Hail | |
| 15. Other <u>Workers Compensation</u> 206,814 (2006 DWP) + 4.0% Line of Insurance | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: | |

RECEIVED

NOV 2 1 2007

DIVISION OF INSURANCE SPRINGFIELD

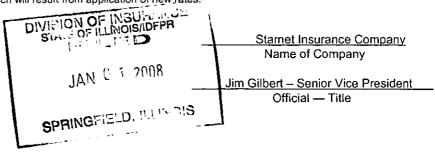
JAN 0 1 2000

FORM RF-3

| Change in Company's premium or rate level produ | | <u>/ 1,2008</u> |
|--|---|--|
| (1) | (2) | (3) |
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | _ |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$1,585,000 | -4% |
| 16. Other | | |
| Line of Insurance | | |
| |) an anatain alassas 2 If an annaite | |
| Does filing only apply to certain territory (territories) |) or certain classes? If so, specify | |
| Applicable to all territories and classifications | | |
| Brief description of filing (if filing follows rates of an | advisory organization, specify organiza | ition) This filing is a revision to the Lo |
| Cost Multiplier for Starnet Insurance Company of 1 | .70 to 1.57. The revised loss cost multip | olier will be used in |
| conjunction with the NCCI approved loss cost filing | effective 1 1 2008 Ref NCCI filing app | roval circular II -2007-08. |

Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.



RECEIVED

NOV 1 4 2007

IDFPR (MPC) Division of Insurance Springfield

SUMMARY SHEET

Form (RF-3)

| Chang | e in Company's premium or rate leve | el produced by rate revision effective | January 1, 2008 |
|----------|---|---|---|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| | <u>COVCINGS</u> | <u> </u> | <u> </u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| - | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. 5. | Burglary and Theft Glass | | |
| 5. 6. | Fidelity | | |
| 7. | Surety | | |
| 7. 8. | Boiler and Machinery | | · |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers | | |
| | Compensation | 2,726,813 | 4.0% |
| | Line of Insurance | | |
| Does 1 | filing only apply to certain territory (| territories) or certain classes? If so, s | specify: |
| No. | | | |
| | | | |
| Rating | Organization: Insurance Services O | | pecify organization): ating Values Effective January 1, 2008 |
| ** C | djusted to reflect all prior rate change hange in Company's premium level v sult from application of new rates. | | |
| | | DIVIDIO () OL STATE CONTROL). | |
| | 1 | | SUA Insurance Company |
| | | JAN 0 1 2008 | Name of Company |
| | | SPRIMOFIELD, ILLINOIS | Sanian Council Assistant Securit |
| | - | | Senior Counsel, Assistant Secretary |

FORM RF-3

| (1) | (2) | (3) |
|--|---------------------------------------|--|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or –)** |
| Automobile Liability | | |
| Private Passenger | 0 | <u>0 </u> |
| Commercial | 0 | 0 |
| Automobile Physical Damage | | |
| Private Passenger | 0 | 0 |
| Commercial | 0 | 0 |
| iability Other than Auto | 0 | 0 |
| Burglary and Theft | 0 | 0 |
| Glass | 0 | 0 |
| Fidelity | 0 | 0 0 |
| Surety | 0 | 0 |
| Boiler and Machinery | 0 | 0 |
| Fire | 0 | 0 |
| Extended Coverage | 0 | 0 |
| nland Marine | 0 | 0 |
| Homeowners | 0 | 0 |
| Commercial Multi-Peril | 0 | 0 |
| Crop Hail | 0 | 0 |
| Workers Compensation | \$17.45 Mil Earned in 2006 | 9+4.00 |
| Other | 0 | 0 |
| Line of Insurance | | |
| Line of Insurance | | |
| filing only apply to certain territory (territories) | or certain classes? If so, specify No | |

Adjusted to reflect all prior rate changes. Historical rate changes for the past year have been negligible (As such, actual is shown). Change in Company's premium level which will result from application of new rates.



Technology Insurance Company_ Name of Company

Submitted by: J. Shoenfelt, ACAS, MAAA, FCA Mgt. Consultant, Shoenfelt Consulting, Inc. Official --- Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Change in Company's premium or rate le | evel produced by rate revision effective | 01/01/2008 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | **** |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Comp. | \$4,860,462 | 4% |
| Line of Insurance | | |
| | | A4. U |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify | y: No, it applies to all Loss Costs |
| Brief description of filing. (If filing follow Loss Costs | vs rates of an advisory organization, spec | ify organization): Adopting New NCCI |
| | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v | s. which will result from application of new rate | 9 S. |
| | Tokio Marine & Nie | chido Fire Insurance Company., Ltd |
| | 1 June Harrie Williams | Name of Company |
| | mean Sh | O - Assistant Analyst |
| | ¥ | Official - Title |



RECEIVED

NOV 2 1 2007

IDPPH (MPC) DIVIBION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

| Change in Company's premium revision effective 01/01/2 | n or rate level produced 008 | by rate _' |
|---|-----------------------------------|--|
| (1) | (2) | (3) |
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -) ** |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| | | |
| 14. Crop Hail 15. Other 16.0 - Workers | \$1,697,906 | +4.0% |
| Compensation | Q1,03.,300 | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | territory (territories) | or certain classes? |
| | | |
| Brief description of filing. (If organization S | Compensation - Volu | an advisory linois Workers ntary Market-Advisory lues Effective January |
| JAK C 17 | * ; } | |
| | | |
| SPRINGE | 7 | |
| * Adjusted to reflect all prior r | ate changes. | |
| ** Change in Company's premium lev result from application of new | el which will rates. | |

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

| Change in Company's premium or rate level | 01/01/2008 | |
|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | <u> </u> |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 3. Fidelity | | |
| 7. Surety | | |
| B. Boiler and Machinery | | |
| 9. Fire | | |
| 10 Extended Coverence | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Comp. | \$591,333 | 4% |
| Line of Insurance | | |
| Does filing only apply to certain territory (terr Brief description of filing. (If filing follows ra | | |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | n will result from application of new rates | 3. |
| | Trans Pa | cific Insurance Company Name of Company |
| | Meal | |
| | | Official - Title |



NOV - 5 2007

FORM RF-3

| | | | 1 , | |
|------|--|---|---------------|---------------------------------------|
| Char | ge in Company's premium or rate level produced by rate revision | n effective | January 1, 20 | 08 |
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | _ | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | <u> </u> | |
| 3. | Liability Other Than Auto | | - | |
| 4. | Burglary and Theft | | - | |
| 5. | Glass Glow OF Million | | - | • |
| 6. | Glass Fidelity DIVISION OF THE PROPERTY OF TH | | - | |
| 7. | | | | · · · · · · · · · · · · · · · · · · · |
| 8. | Boiler and Machinery 1 20118 | | - | |
| 9. | 1 1/1/1 | | - | |
| 10. | Extended Covetage Inland Marine Homeowners Fire SPAN SPAN | | - | |
| 11. | Inland Marine | | - | |
| 12. | Homeowners \ SP?!!! | | | |
| 13. | Commercial Multi-Peril | | - | |
| 14. | Crop Hail | | <u>-</u> · | |
| 15. | Workers Compensation | 1,587,033 | - | -0.20% |
| 16. | Other | .,, | | |
| | Line of Insurance | · · · · · · · · · · · · · · · · · · · | | |
| Does | filing only apply to certain territory (territories) or certain classes | ? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organizations Compensation loss costs and rating values per multiplier from 1.237 to 1.208. The filing maintains t | NCCI Circular IL-2007-0 | | so reduces the loss |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from ap | | ance Company | of America |
| | | Travelers Casualty Insur | ance company | OI AMENCA |

Official - Title

Name of Company

Margaret M. Salsbury

Senior Regulatory Analy

| HHi | n | O | is |
|-----|---|---|----|
| | | _ | - |

NOV - 5 2007

FORM RF-3

DIMICILLY C.- LAPUNANCE

| Chan | ge in Company's premium or rate level produced by rate revis | sion effective | January 1, | 2008 |
|------|--|---|------------------|--|
| | (1) Coverage | (2) Annuat Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| | 5515.0g5 | | | • , . |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | - | |
| | Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | <u></u> | |
| 4. | Burglary and Theft | | <u></u> | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Workers Compensation | 4,669,771 | | -1.40% |
| 16. | Other | | | |
| | Line of Insurance | | | |
| | | | | |
| Does | filing only apply to certain territory (territories) or certain class | ses? If so, specify | No. | |
| | | | | |
| Wor | description of filing (if filing follows rates of an advisory organi- kers Compensation loss costs and rating values p multiplier from 2.011 to 1.962. The filing maintains | er NCCI Circular IL-2007 | -08. The filing | NCCI approved also reduces the loss .0%. |
| | <u> </u> | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which will result from | application of new rates. | | |
| | DIVISION OF LANDERS OF PRINCIPAL STATE OF ILLE OF STATE OF STAT | 1 | | |
| | STATE OF ILL GIRDE | Travelers Casualty & S | urety Compar | nv |
| | STATE OF THE STATE OF | | ne of Company | ., |
| | 0 1 2008 | Nai | по от оотпрану | |
| | JAN 0 1 2008 | | | |
| | | Margaret M. Salsbury | | Senior Regulatory Analy |
| | SPRINGFIELD, ILLINOIS | | Official - Title | |
| | SPRINGFIELD | | | |

| | | | | • | |
|---|---|---|---|---|---|
| Ш | и | n | റ | ı | C |

NOV - 5 2007

FORM RF-3

| Glias | ige in Company's premium or rate level produced by rate revis | Sion ellective | January 1, 2 | |
|------------|--|---|-------------------|-------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | | |
| 2. | Commercial Automobile Physical Damage | | <u> </u> | |
| | Private Passenger | | | |
| _ | Commercial | | <u> </u> | |
| 3. | Commercial Liability Other Than Auto Burglary and Theft | | | |
| 4. 5. | | \ <u> </u> | _ | |
| 6. | D. C. Al | \ <u> </u> | | |
| 7. | Surety Boiler and Machinery JAN 1 7008 | | <u>-</u> | |
| 8. | Boiler and Machinery JAN | | <u> </u> | |
| 9. | Fire ILLINOIS | | | |
| 10. | Boiler and Machinery Fire Extended Coverage Inland Marine SPrilive: 12LD, ILLINOIS | | | - |
| 11. | Inland Marine SP inline | | | |
| 12. 13. | Homeowners Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Workers Compensation | 67,412,435 | | -0.50% |
| 16. | Other | | | |
| | Line of Insurance | | | |
| Does | filing only apply to certain territory (territories) or certain class | ses? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organi kers Compensation loss costs and rating values p multiplier from 1.856 to 1.811. The filing maintains | er NCCI Circular IL-2007 | -08. The filing a | |
| | , | | | |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | | | |
| | | Travelers Indemnity Co | mpany | |

WC-IL-7

Margaret M. Salsbury

Printing 08/95

Senior Regulatory Analy

Name of Company

Official - Title

Printing 08/95

ILLINOIS SUMMARY SHEET

NOV - 5 2007

FORM RF-3

DIVIÈICI OF INSURANCE

| Chan | ge in Company's premium or rate level produced | by rate revision effective | January 1, 20 | 008 |
|-----------|---|--|-------------------|-------------------------------|
| | (1) | (2) Annual Premium | | (3) Percent Change (+ or -)** |
| | Coverage | Volume (Illinois)* | | Change (+ or -) |
| 1. | Automobile Liability | | | |
| | Private Passenger | | _ | |
| | Commercial | | _ | |
| 2. | Automobile Physical Damage | | _ | |
| | Private Passenger | | _ | |
| _ | Commercial | | _ | |
| 3. | Liability Other Than Auto | | _ | |
| 4. | Burglary and Theft | | _ | |
| 5. ° | Glass | | - | |
| 6. 7 | Fidelity | | _ | <u> </u> |
| 7. 8. | Surety | | - | |
| 9. | Boiler and Machinery Fire | | - | |
| 9. 10. | Extended Coverage | | - | |
| 11. | Inland Marine | | _ | |
| 12. | Homeowners | | _ | |
| 13. | Commercial Multi-Peril | | _ | |
| 14. | Crop Hail | | _ | |
| 15. | Workers Compensation | 14,128,393 | _ | -0.60% |
| 16. | Other | | _ | |
| , | Line of Insurance | | _ | |
| | | | | |
| Does | filing only apply to certain territory (territories) or | certain classes? If so, specify | No. | |
| | | | <u> </u> | |
| | | description analysis arganization) | Adaption of N | ICCI approved |
| Brief | description of filing (if filing follows rates of an ad- kers Compensation loss costs <u>and</u> ratin | risory organization, specify organization) | | |
| | | y values per NCCi Circular IL-2007- | oo. The filling a | iso reduces the loss |
| cost | multiplier from 1.546 to 1.509. | | | |
| | | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which w | Il result from application of new rates. | | |
| | Olizingoo iii oompany o promaani oo | | | |
| | | Travelers Indemnity Cor | maany of Amor | rian |
| | | | ne of Company | ica |
| | DIVISION OF INSTA | PH Nam | ie or Company | |
| | STATEOFICE | | | |
| | 1 | Margaret M | l. Salsbury | Senior Regi |
| | JAN 0 1 200 | 8 | Offi | cial - Title |
| | JAN | | | |
| | | INOIS | | |
| | SPAINGHELD, ILL | 114010 | | _ |

WC-IL-7

NOV - 5 2007

FORM RF-3

בסאולוטון סברוופטלל אוסב

| Chan | ge in Company's premium or rate level produced by rate revis | ion effective | January 1, 2 | 008 |
|-------------------|---|---|-------------------------------------|---------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | | (3) Percent Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | <u> </u> | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. 4. | Liability Other Than Auto Burglary and Theft | 1 | | |
| 5. 6. 7. | Glass Fidelity Surety DIVITORING PR | | <u> </u> | |
| 8. 9. | Deiler and Machinhau 217 | | | |
| 10. 11. 12. | Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Petil Crop Hail | | _ | |
| 13. 14. | Commercial Multi-Petil Crop Hail | | | |
| 15. 16. | Other | 5,487,428 | | -1.30% |
| Does | Line of insurance filing only apply to certain territory (territories) or certain class | es? If so, specify | No. | |
| Wor | description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values po multiplier from 1.546 to 1.509. | zation, specify organization) er NCCI Circular IL-2007 | Adoption of N 7-08. The filing a | NCCI approved Iso reduces the loss |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | application of new rates. | | |
| | | Travelers Indemnity C | ompany of Conr | ecticut |
| | | Margaret T | M. Salsbury | Senior Regi |
| | | | Off | icial - Title |

NOV - 5 2007

FORM RF-3

OIVIEION OF NEURANOE

| Chan | ge in Company's premium or rate level produced by rate revisi | on effective | January 1, 2008 | |
|--|---|---|---|-------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | C | (3) Percent Change (+ or -)** |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity State Of Insurance State Of Insurance State Of Insurance Fire JAN U 1 2008 Extended Coverage Inland Marine Homeownels Commercial Multi-Pent Crop Hail | | | |
| 15. 16. | Workers Compensation Other | 49,848,776 | | -2.70% |
| | Line of Insurance filing only apply to certain territory (territories) or certain classe | es? If so, specify | No. | |
| Worl | description of filing (if filing follows rates of an advisory organiz kers Compensation loss costs and rating values per multiplier from 1.392 to 1.359. The filing maintains | er NCCI Circular IL-2007 | Adoption of NCCI at 108. The filing also receivation of -10.0%. | |
| ** | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | Travelers Property Cas | sualty Company of An | nerica |
| | | Margaret M. Salsbury | Seni | or Regulatory Analy |

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective | | January 1, 2008 | |
|---|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> | |
| Automobile Liability Private | | | |
| Passenger Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger Commercial | | | |
| 3. Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | 4.00/ | |
| 15. Other Workers' Compensation Line of Insurance | 215,634 | -1.0% | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specif | ý; | |
| Brief description of filing. (If filing follow Costs and revising Company LCM's | vs rates of an advisory organization, spec | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level | s. which will result from application of new rate | es. | |
| C. | rrection Tri | nity Universal Ins. Co. | |
| 30 | A.k.= c 1 1 ttd 1111 | Name of Company | |
| | . . | • • | |
| | Jon Zetlau- Bui | reau/Forms Compliance Manager | |
| | | Official - Title | |

DIVISION OF L'SURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

SPRINGFIELD, ILLINOIS

| Cha | ange in Company's premium or rate le | evel produced by rate revision effective | 3/1/2008 |
|-------------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| •• | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | ······································ | |
| 5. | Glass | | |
| 6. | Fidelity | · · · · · · · · · · · · · · · · · · · | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11 . | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other Workers' Compensation | \$7,251,012 | 4.80% |
| Brie | ef description of filing. (If filing follows | (territories) or certain classes? If so, specify: rates of an advisory organization, specify organization. | |
| | | Schedule Rating Plan to allow +/-50% and to lower the pro- | emium threshold from |
| \$5,0 | 00 to \$1,000. | | |
| | ljusted to reflect all prior rate changes hange in Company's premium level w | s. which will result from application of new rates. | |
| | | United Fire & Casualty | |
| | | | me of Company |
| | | | |
| | | Allen R. Sorensen, VP - Corpo | |
| | | DIVIS | Official - Title SION OF INSURANCE ATE OF ILLINOIS/IDEPH ATE OF ILLINOIS/IDEPH |
| | | | 11.77 - 7 7.700 |
| | | \ | SPRINGFIELD, ILLINOIS |

| | | Coverage | Annual Premium <u>Volume (Illinois)*</u> | Percent <u>Change (+ or -)**</u> |
|------------|------------|---------------------------------------|---|----------------------------------|
| 1. | Autom | obile Liability | | |
| | | te Passenger | | |
| | | nercial | | |
| 2. | Privat | obile Physical Damage te Passenger | | |
| , | | mercial | | |
| 3. | | ty Other Than Auto | | |
| 4. | • | ry and Theft | | |
| 5. | Glass | | | |
| 6. 7. | Fidelity | y | | |
| 7. 8. | Surety | J M4 L | | <u> </u> |
| 8. 9. | Fire | and Machinery | | |
| 9. 10. | | I-4 C | | |
| 10. | | led Coverage Marine | | |
| 11. 12. | Homeo | | | |
| 13. | | ercial Multi-Peril | | |
| 13. | | | | |
| 14. | Crop H | | 707.007 | . 5 40/ |
| 13. | Other | Workers' Compensation | 707,886 | +5.4% |
| | | Line of Insurance | | |
| Does f | iling only | apply to certain territory (| territories) or certain classes? If so, spe | ecify: |
| | | | vs rates of an advisory organization, spe osts and rating values effective J | |
| | | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Universal Underwriters
Insurance Company

Name of Company

Denise Goode, Secretary
Official - Title

DIVISION OF INSURANCE STATE OF ILLINO'S/IDEPR

JAN 0 1 2008

SPRINGFIELD, ILLINOIS

H29219D

SUMMARY SHEET

| | Change in Company's premium or rate | level produced by rate revision effective | 1/1/2008 |
|--------------|---|---|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | <u>Volume (Illinois)*</u> | <u>Change (+ or -)**</u> |
| 1. | · Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | <u>(</u> |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | No. | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Work Comp | 3,677,408 | 2.60% |
| | Line of Insurance | | |
| N 000 | filing only apply to cortain territory (ter | ritories) or certain classes? If so, specify: | |
| NO | | intolies) of certain classes? If so, specify. | |
| 110 | | | |
| | | ** | |
| Brief | description of filing. (If filing follows: | rates of an advisory organization, specify o | organization): |
| | . 5 . 5 | | |
| | | | |
| | | | HON OF INSUPANCE |
| | | DIVIS | ION OF INDISTOFPR |
| * / | Adjusted to reflect all prior rate changes. | ST/ | TE OF ILLINOIS |
| | Change in Company's premium level wh | ich will | " |
| F | esult from application of new rates. | | JAN 0 1 2008 |
| | | \ | JAN |
| | | į | TIED ILLINOIS |
| | | Vanlin | of This Brance Company |
| | | 1 migh | Name of Company |
| | | 1 | y |
| | | | |
| | | | |
| | | | ampwerth |
| | | Senior | Compliance Coordinator |
| | | | Official - Title |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | inge in Company's premium or rate lev | el produced by rate revision effective | 01/01/2008 |
|---------------------|---|--|------------------------------|
| | (1) | (2) | (3) |
| | Coverage | Annual Premium <u>Volume (Illinois)*</u> | Percent Change (+ or -)** |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | - | |
| 3. | Liability Other Than Auto | | |
| 3. 4. | Burglary and Theft | | |
| . 5. | Glass | | |
| 5. 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other Workers' Compensation | 3,245,988 | 1.9% |
| | Line of Insurance | | - |
| Appl | ies to all territories and classes. | erritories) or certain classes? If so, specify: | - instinct |
| | of description of tiling. (If filing follows fa otion of the 1/1/08 loss costs published by NCCI | ites of an advisory organization, specify orga (NCCI Circular # IL - 2007 - 05) | nization): |
| | | | |
| | justed to reflect all prior rate changes. hange in Company's premium level wh | ich will result from application of new rates. Vigilant Insurance Company | |
| | | Na | ame of Company |
| | | Assistant Vice President | Auffah |
| | | | Official Title |

JAN 2 2009

| Change in Company's premium or rate level p | roduced by rate revision effective | 1/1/2008 |
|--|---|--|
| (1) <u>Coverage</u> | (2)IVISION OF INSURANCE Annual Premiumof ILLINOIS/IDEPR Volume (Illinois) | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial | JAN 0 I 2008 | |
| Automobile Physical Damage Private Passenger Commercial | SPRINGFIELD, ILLINOIS | |
| 3. Liability Other Than Auto | | <u> </u> |
| Burglary and Theft Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | 10,000,050 | 4.0% |
| 15. Other Workers Compensation Line of Insurance | 13,360,259 | 4.0% |
| Does filing only apply to certain territory (territory | ories) or certain classes? If so, specify: | |
| Brief description of filing. (If filing follows rates | of an advisory organization, specify organiza | tion): |
| 1/1/2008 advisory rates with no company devi | iation. | |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which | will result from application of new rates. | |
| | Wausau Business | Insurance Company |
| | | Company |
| | Bonnie Roeder Sta | te Filings Analyst |
| | | l – Title |

| Change in Company's premium or rate level pro- | luced by rate revision effectives SUFANCE 1/1/2008 | |
|---|--|---|
| Change in Company's premium or rate level pro- | DIVISION DIVISION BILLING STIDEPH (2) DIVISION (3) | |
| (1) | DIVISION (3) | |
| (.) | | |
| Coverage | Volume (Itinois)* JAN 0 1 2008 Change (+ or -)** | |
| | JAN 1 | |
| Automobile Liability Private | SPRINGFIELD, ILLINOIS | |
| Passenger Commercial | marie D. Indian | |
| Automobile Physical Damage | SPHINA | |
| Private Passenger Commercial | | |
| Liability Other Than Auto | | _ |
| Burglary and Theft | | _ |
| 5. Glass | <u></u> | |
| 6. Fidelity | | |
| 7. Surety | | _ |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 3,621,915 4.0% | |
| Line of Insurance | | |
| |) | |
| Does filing only apply to certain territory (territori | es) or certain classes? If so, specify: | |
| | | |
| | | |
| Brief description of filing. (If filing follows rates o | an advisory organization, specify organization): | _ |
| 1/1/2008 advisory rates with -10% company dev | ation. | |
| | | |
| | | |
| *Adjusted to reflect all prior rate changes. | to the form of the state of the | |
| **Change in Company's premium level which wi | result from application of new rates. | |
| | Waysay Caparal Insurance Company | |
| | Wausau General Insurance Company Name of Company | |
| | <u>напе от сотрану</u> | |
| | Bonnie Roeder State Filings Analyst | |
| | Official – Title | _ |
| | · | |

| Change in Company's premium or rate lev | el produced by rate revision effective | 1/1/2008 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annuał Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine | | |
| 12. Homeowners 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 15,105,956 | 4.0% |
| Brief description of filing. (If filing follows ra 1/1/2008 advisory rates with a 30% compa | ates of an advisory organization, specify o | |
| Triboto davisory rates with a compe | The state of the s | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh | | erwriters Insurance Company Name of Company State Filings Analyst |
| | | Official - Title DIVISION OF STATE OF ILLINOIS/IDFPR JAN 0 1 2008 SPRINICAL TITLE OF ILLINOIS/IDFPR JAN 0 1 2008 |

SUMMARY SHEET

| | Change in Company's Premium or rate | level produced by rate revision effective | 1/1/2008 |
|-----|--|--|------------------------------------|
| | | | |
| | (1) | (2) | (3) |
| | (1) | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| ١. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 61,236,795 | 4.0% |
| ٠٠. | Line of Insurance | | |
| | s filing only apply to certain territory (terr see Cover Letter | itories) or certain classes? If so, specify: | |
| | description of filing. (If filing follows rate see Cover Letter | es of an advisory organization, specify org | ganization): |
| | | MOTE CALL CARRENT | |
| | | | |
| | Adjusted to reflect all prior rate change | | |
| * | Change in Company's premium level v | which will | |
| | result from application of new rates. | TWI 0 1 5008 | |
| | • | annis | West Bend Mutual Insurance Company |
| | 1 | egrateureld, Illinois | Name of Company |
| | ţ | Chillian III | reallie of Company |
| | 1 | and the second of the second o | |
| | - | | |

Stephen J. Mueller, CPCU - Product Development Specialist Official - Title

H29219D

SUMMARY SHEET

| ange in Company's premium or rate level produced by | rate revision enective | 03/01/08 |
|---|--|--|
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+or-)** |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | J.: (| |
| Boiler & Machinery | 1 | |
| Fire C 1 2009 | | |
| Extended Coverage | | |
| Inland Marine | s | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Workers' Compensation | 23,277,403 | 3.7% |
| Other | | |
| Does filing only apply to certain territory(ies) or certain | in alconos? If an annaif u | |
| | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler & Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers' Compensation | Coverage Annual Premium Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler & Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers' Compensation Annual Premium Volume (Illinois)* |

| Westport Insurance Corporation | |
|--------------------------------|-----------------------------------|
| Name of Company | RECEIVED |
| Linda Snook, P&RS Specialis | |
| Official Title | NOV 1 6 2007 |
| | IDFPR (MPC) DIVISION OF INSURANCE |

^{*} Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET FORM RF-3

| Change in company's premium or rate level produc | ced by rate revision effective | 1/1/2008 |
|--|---|-------------------------------|
| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other than Auto | | |
| 6. Glass DIVISION OF INSURANCE DIVISION OF INSURANCE DIVISION OF INSURANCE TO Surety DIVISION OF INSURANCE TO SURE OF INSURE OF INSU | | |
| 5. Glass OF INSIGNOFPH | | |
| 3. Fidelity DIVISION OF ILL 1921 | | |
| S. Fidelity DIVSTATE A 2008 7. Surety 1. Solida and Marking St. 100 1 2008 | | |
| B. Boiler and Machinery | 1019 | |
| S. Surety JAN 0 1 E. | | |
| 0. Extended Coverage | | |
| 1. Inland Marine | | |
| 2. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers' Compensation | 18,245,843 | 6.0% |
| 16. Other Line of Insurance | | |
| Does filing only apply to certain territory (territories | s) or certain classes? If so, specify | No |

Adjusted to reflect all prior rate changes.

^{**} Change in company's premium level which will result from application of new rates.

Zenith Insurance C Name of Comp

Jason Clarke, Senior Vice Pr Official - Title

SUMMARY SHEET

| | (1) | (2) Annual Premium | (3) Percent |
|-------------------------|--|--|--|
| | Coverage | Volume (Illinois)* | Change $(+ \text{ or } -)^{**}$ |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| _, | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | · · · · · · · · · · · · · · · · · · · | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' | \$54,743,407 | +1.4% |
| | ,, oineis | \$54,745,407 | 11.470 |
| | Compensation Line of Insurance | | |
| | I ine of incurance | | |
| | Ellie of modulate | | |
| Does f | | erritories) or certain classes? If so, specify: | |
| Does f | | erritories) or certain classes? If so, specify: | |
| Does f | | erritories) or certain classes? If so, specify: | |
| | iling only apply to certain territory (te | | |
| Brief o | iling only apply to certain territory (te | rates of an advisory organization, specify o | |
| Brief o | iling only apply to certain territory (te | | <u>v 1, 2008</u> |
| Brief o | iling only apply to certain territory (te | rates of an advisory organization, specify o | <u>v 1, 2008</u> |
| Brief o | iling only apply to certain territory (te | rates of an advisory organization, specify o | |
| Brief o | iling only apply to certain territory (te lescription of filing. (If filing follows ption of NCCI advisory loss co | rates of an advisory organization, specify o sts and rating values effective Janua | TY 1, 2008 DIVISION OF INSURANCE STATE OF ILLINOS/IDEPR |
| Brief a | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. | TY 1, 2008 DIVISION OF INSUFIANCE STATE OF ILLINOIS/IDEPR |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. | TY 1, 2008 DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. | JAN 0 1 2008 |
| Brief c Ado * Ac | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. | TY 1, 2008 DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR |
| Brief c Ado * Ac | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Januar s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Januar s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |
| Brief c Ado * Ac | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Janua s. hich will | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |
| Brief a Ado * Aa ** Ch | lescription of filing. (If filing follows ption of NCCI advisory loss co | s rates of an advisory organization, specify of sts and rating values effective Januars. s. hich will Zurich Compa | JAN 0 1 2008 SPRINGFIELD, ILLINOIS American Insurance |

| | | ate level produced by rate revision effec | |
|--|---|---|---|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| i. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' | \$3,122,926 | +1.4% |
| | Compensation | Ψ2 ,.22 ,/20 | . 1.170 |
| | Line of Insurance | | |
| Does f | iling only apply to certain territory (| territories) or certain classes? If so, spe | cify: |
| Brief d | lescription of filing. (If filing follow | rs rates of an advisory organization, spec | cify organization): |
| Ado | ption of NCCI advisory loss co | osts and rating values effective Ja | nuary 1, 2008 |
| | | | DIVISION OF INSURANCE STATE OF ILLEY CIS/IDEPR |
| * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. | | | JAN 0 1 2008 |
| | | | urich And Flan Flank UNOIS |
| | | <u>C</u> | ompany of Illinois |
| | | | Name of Company |
| | | n | enise Goode, Secretary |
| | | <u>-</u> | Official - Title |
| H29219 | 9D | | Official * Title |

SUMMARY SHEET

Form (RF-3)